



Accident Report Form

To be completed by the relevant run leader after each and every incident or accident

Injured Person

Surname	
Forename(s)	
Age (Whole Years)	
Status (Please Tick)	
Athlete	
Official	
Spectator	
Other	
Club	
Address 1	
Address 2	
Address 3	
Post Code	
Telephone	

Accident / Incident Details

Nature of Injury (Please provide as much detail as possible. Continue on a separate sheet if necessary)	
Was First Aid Given? (Please Tick)	
No	
Yes	
Name of First Aider	
Organisation/ Branch	
Was the injured party taken from the site of the accident to hospital? (Please Tick)	
No	
Yes	
Further Treatment (if known)	
Hospital Venue (if known)	
Nature of Treatment (if known)	



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Venue Information

Meeting / Training Venue	
Address 1	
Address 2	
Address 3	
Post Code	
Competition?	
No	
Yes	
Training?	
No	
Yes	
Date (DD/MM/YY)	
Time	
Weather	
Site of Accident	

Meeting/ Training Details

Organiser / Club Name	
Address 1	
Address 2	
Address 3	
Post Code	
Telephone	
Nature of Meeting/ Training	
Cross Country	
Fell Running	
Race Walking	
Road Running	
Sportshall	
Track & Field	
Other	
Title of meeting	



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Reporting Person

Description from person reporting (Please provide as much detail as possible. Continue on a separate sheet if necessary)	
Name	
Address 1	
Address 2	
Address 3	
Post Code	
Email address	
Telephone	
Status (Please Tick)	
Athlete	
Spectator	
Official	
Other	

Declaration

We declare that the above is an accurate description of the events that lead to the injury:	
Injured Person (Print)	
Injured Person (Sign)	
Reporting Person (Print)	
Reporting Person (Sign)	

Please pass this form to the club secretary (Ryan Procter) or a committee member as soon as possible