

This form should be completed immediately or as close to the time of the accident as practically possible. Delaying may cause facts and important details to be forgotten. Forward this form immediately to the IWG Hon. Secretary and keep a copy for Chapter records. This information will be forwarded to insurers in the event of any claim against our insurance policy as a result this incident.

Reporting person
Name:
Chapter:
Position:
Details of Injured Party
Name:
Chapter:
Connection to Chapter (i.e. member, visitor, demonstrator etc)
Date of birth:
Address:
Parents'/Carers' names(if injured person under 18)
Address:
Location of Accident
Place:
Address:
Witnesses
(1)
(2)
Please attach witness statements/accounts to this form (if appropriate)

Please complete the reverse side of this form



Record What Happened & Nature of Injury (use additional paper, as required)

Record Action taken:

Reported to IWG Secretary	Yes [] No []	How was it reported?
Photographs taken	Yes [] No []	
Photographs supplied with form (yes/no)	Yes [] No []	
Name of person the report was sent to:		Date & Time:
Details of advice received:		

Signed by the reporting person: Date:

Please complete the reverse side of this form

