

# SO13: Accident/Incident Report Form

This form should be completed by the event organiser/group leader.

## PARISH DETAILS

Name of Parish:

## ACTIVITY/EVENT DETAILS

Activity/Event:

Activity/Event Leader:

Event Leader Contact Telephone No:

Email:

## EXTERNAL ACTIVITY/EVENT LEADER DETAILS

If the Leader was an external person, please provide full name and contact details

Name of External Leader:

External Leader Contact Telephone No:

Email:

## DETAILS OF THE PERSON WHO HAD THE ACCIDENT

Name of Adult/Child/  
Young Person involved:

Date of Birth of Child/Young  
Person involved: (If known)

Date and Time of Accident/Incident:

Place of Accident/Incident:

## CIRCUMSTANCES OF ACCIDENT/INCIDENT

Do you have any specific needs that we need to be aware of? Please detail below:

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## WITNESS(S) OF THE ACCIDENT

Did anyone witness the accident/incident?

YES

NO

If yes, detail below.

Witness Name:

Contact Telephone No:

Address:

Age: (If under 18)

Witness Name:

Contact Telephone No:

Address:

Age: (If under 18)

Witness Name:

Contact Telephone No:

Address:

Age: (If under 18)

Witness Name:

Contact Telephone No:

Address:

Age: (If under 18)

Were any witness statements taken?  
and if so, have these been retained?

YES

NO

Please detail below:

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## PARENT/CARER DETAILS

Please state name(s) and contact details of parents/carers

Name of Parent/Carer:

Contact Telephone No:

Email:

Where they present at the time of the accident/incident?

YES

NO

## NATURE OF INJURY/HARM

## ACTION TAKEN

(including any medical intervention that was required and who provided the medical intervention)

Was the injured person detained in hospital?

YES

NO

Please give details if known.

How long were they detained in hospital: (If known)

What injury they were treated for: (If known)

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## REPORTING

Who was the accident/incident reported to within the parish?

When was the accident/incident reported?

Was the parent/carer informed of the accident/incident?

YES

NO

If you answered "No", to the above question, please detail why the parent/carer was not informed:

When was the accident/incident reported to the parent/carer?

## OTHER ACTION TAKEN INCLUDING LEARNING

Signature:

Date:

Print Full Name: