



ACCIDENT REPORT FORM		
INJURED PERSON		DATE OF INCIDENT:
Name:		
Address:		
Post Code:		
Email:	Telephone:	
LOCATION OF ACCIDENT		
Address:		
Post Code:		Were the police called?
Reported by:	Did the police attend?	Crime number:
PERCEIVED CAUSE, DETAILS		
Weather conditions:	Time:	Additional comments can be attached separately.
INJURIES SUSTAINED TO YOURSELF		
Details:		
Was medical help sought?		
3RD PARTY DETAILS		
Name & address		
Injuries sustained:		
Material damage:		
WITNESSES		
Name & address:		
Name & address:		
Name & address:		
Signature:	Date:	

Form to be sent to SCC club secretary together with any photographs taken at the incident.
The issue of this form does not constitute admission of liability by the author nor the club. It is merely for the purpose of record keeping.