

ROSS AND DISTRICT WALKING GROUP

ACCIDENT/INCIDENT REPORT FORM

Please complete this form for all incidents

Part 1 to be completed by person injured or witness to an incident:

Name Member of Ross Walking Group...Yes/No

Date of incident:..... Time:.....

Location of incident:.....

Injury Sustained.....
.....
.....

Details of Incident.....
.....
.....
.....

Part 2 to be completed by the Walk Leader

Walk Leader..... Second Leader.....

Comments on the Incident.....
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.....
.....

Details of any First Aid applied.....
.....

Witness to the Incident.....

Were any additional services called...Yes/No

When complete please forward to The Secretary, Ross and District Walking Group