

ROSS and DISTRICT WALKING GROUP

Accident/Incident report form

Please complete this form for all incidents and forward your section to: The Secretary. Ross and District Walking Group

Part 1 to be completed by the person injured or witness to an incident.		
Name		
Member? Please circle	Yes	No
Location of incident		
Injury sustained		
Details of incident		
Signature		Date
Part 2 to be completed by the walk leader		
Walk leader		
Second leader		
Comments about the incident		
Details of any first aid applied		
Witness to the incident		
Were any additional services called? Please circle	Yes. Add any further comment if necessary	No
Signature		Date: