

Horsham Joggers - ACCIDENT REPORT FORM

This information to be passed to the Secretary (info@horshamjoggers.co.uk) as soon as possible after the event.

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| Name of person treating casualty |  |
| Name of casualty |  |
| Type of injury |  |
| Date of Accident |  | Time |
| Where did the accident happen? |  |
| How did the accident happen |  |
| Part of the body injured |  |
| Follow up action |  |
| *Casualty contact details to be completed by the HJ Secretary* |
| Address of casualty (including postcode) |  |
| Contact Tel Numbers |  |  |  |
| Email Address |  |