

Horsham Joggers - ACCIDENT REPORT FORM

This information to be passed to the Secretary ([info@horshamjoggers.co.uk](mailto: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 |  | | |