

Accident Reporting Form

Ref No	Date of Accident	Time of Accident	Location of Accident	Description of Accident (Describe the activities being undertaken and the sequence of events leading up to accident)	Details of Person(s) Injured (Name and contact details)	Description of Injuries Sustained	Details of Medical Treatment Required (Include name of medical centre / hospital attended if relevant)	Immediate Actions Taken (Describe actions taken to make the situation or prevent recurrence)	Details of Witnesses (name and contact details)
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