

# ACCIDENT OR INCIDENT RECORD FORM

|  |                       |                  |                 |                                  |                  |                           |  |
|--|-----------------------|------------------|-----------------|----------------------------------|------------------|---------------------------|--|
| Full Name  |                       |                  |                 | First claim club                 |                  |                           |  |
| Address  |                       |                  |                 | Telephone No.                    |                  |                           |  |
|  |                       |                  |                 | Date of Birth                    |                  |                           |  |
|  |                       |                  |                 | Location<br>(What, Three, Words) |                  |                           |  |
|  |                       |                  |                 |                                  |                  |                           |  |
| Post Code  |                       |                  |                 |                                  |                  |                           |  |
| Incident type<br>(Please circle one)                             | Injury to Club Member | Member of public | Sporting injury | Slip, Trip, Fall                 | Struck by object | Other<br>(describe below) |  |
|  |                       |                  |                 |                                  |                  |                           |  |
| Details of how the accident happened                             |                       |                  |                 |                                  |                  |                           |  |
|  |                       |                  |                 |                                  |                  |                           |  |
| Specific Body Part   |                       | Left             | Right           | Injury Sustained                 |                  |                           |  |
| Date of Accident   |                       |                  |                 | Time of Accident                 |                  |                           |  |
| Date Reported  |                       |                  |                 | Time Reported                    |                  |                           |  |
| Was any first aid given on site? If so, what and by who?         |                       |                  |                 |                                  |                  |                           |  |
| Was there any witnesses? If so list names and names of employers |                       |                  |                 |                                  |                  |                           |  |

By signing this box I give my consent to Widnes Running club to share this information with England Athletics if required

Injured Persons Signature

|                               |  |                            |  |
|-------------------------------|--|----------------------------|--|
| Full Name of reporting person |  | Telephone No.              |  |
| Address                       |  | Position in club           |  |
|                               |  | Reporting Person Signature |  |
| Post Code                     |  |                            |  |