

Details of injury:	
Note details of any treatment given:	
Witness details: (if applicable)	
Name and Address:	Telephone No:
	Email:
Was the activity supervised when the accident occurred?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you retained any defective equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> None involved <input type="checkbox"/>
If so, where is it being kept and by whom?	
What action have you taken to prevent a recurrence of the accident?	

Signature of person in charge of group at time of accident		
Signed:	PRINT name:	Date:
Signature of captain		
Signed:	PRINT name:	Date: