



# WESTBURY HARRIERS

## Accident / Incident Report Form

In the event that an incident or accident occurs during a training session, please complete this form within 24 hours and email the completed form to the Welfare Officer at [welfare@westburyharriers.co.uk](mailto:welfare@westburyharriers.co.uk).

### DETAILS OF GROUP LEADER

Name	
Contact telephone number	
Contact email address	

### DETAILS OF INJURED PERSON

Name	
Date of Birth (if known)	
Address (if known)	
Contact telephone number (if known)	
Contact email address (if known)	
Next of kin (if under the age of 18)	

### DETAILS OF INCIDENT/ACCIDENT

What happened? Please provide as much detail as you are able.	
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<b>What date did the incident happen?</b>	
<b>What time did the incident happen?</b>	
<b>Where did the incident happen?</b>	
<b>What were the weather conditions?</b>	
<b>Did the incident / accident occur during a: (a) Road training session; (b) Off road training session; (c) Track training session; (d) Race; (e) Other (please describe)</b>	
<b>Did the athlete suffer any injury?</b>	
<b>If yes, what area(s) of the body was/were affected? Please include which side of the body.</b>	
<b>What was the nature of the injury?</b>	
<b>What first aid was given, if any?</b>	
<b>Who gave the first aid?</b>	
<b>Did any emergency service attend? If yes, please provide detail.</b>	
<b>Was the athlete taken to Hospital?</b>	
<b>Which Hospital was the athlete taken to?</b>	
<b>Nature of Hospital treatment (if any)</b>	

### **DETAILS OF WITNESSES**

Please provide the details of any direct witnesses, where possible.

<b>Name</b>	
<b>Contact telephone number</b>	
<b>Contact email address</b>	