

TO BE COMPLETED BY THE RALLY/EVENT ORGANISER FOR ALL INCIDENTS concerning INJURY TO PERSONS OR DAMAGE TO PROPERTY OCCURRING AT RALLY/EVENT AND FORWARDED IMMEDIATELY TO HEAD OF INSURANCE SERVICES AT EAST GRINSTEAD.

INCIDENT REPORT FORM

Please complete this form to the best of your ability providing as much information as possible. Use an extra sheet if necessary and use sketches where appropriate.

CENTRE NAME.

Organizer's Name and Address

.....
.....

Telephone NO: DAY EVENING

DETAILS OF INJURED PARTY/PARTY SUFFERING LOSS

Member/Non Member Name

Address:.....

.....

Membership No: (if-applicable)

Witness Name:

.....

Membership No: (if-applicable)

INJURY TO PERSONS

IT IS EXTREMELY IMPORTANT THAT WHERE PERSONAL INJURY IS CONCERNED YOU PROVIDE AS MUCH INFORMATION AS POSSIBLE. PLEASE INCLUDE PHOTOGRAPHS OF THE LOCATION WHERE THE EVENT CAUSING INJURY OCCURRED (IF APPROPRIATE) TOGETHER WITH NAMES AND ADDRESSES OF ANY WITNESSES

WAS THE INJURED PERSON TAKEN TO HOSPITAL YES/NO

What injuries were apparent

.....

What other injuries did the person complain of ?
.....

How did the injured person describe the accidents ?
.....

Who, if anyone, did the injured person blame ?
.....

DAMAGE TO PROPERTY

Description of Property
.....

Nature of Damage
.....

Did you inspect the damage at the time of the incident ? YES / NO

**PLEASE GIVE FULL PARTICULARS OF THE INCIDENT WHETHER
INJURY TO PERSONS, LOSS OR DAMAGE TO PRO PERTY**

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.....
.....

Date of completion: **Signed**
N3240/1sc/07/07/02