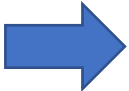
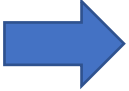



## Accident Reporting Form – Injury to a Person

In the event of an accident at an open garden, the following procedure should be followed:


- If this was an accident involving a vehicle, please fill in Accident Reporting Form – Vehicle Accident.
- Please fill in 2 copies of the appropriate form or photocopy it.
- Please send the original to Head Office and give the copy to your District Organiser for your own District records.
- Record in detail all facts surrounding the accident as requested on the form as soon as possible after the accident.
- Please take photos if possible.
- Please note any further action required/ taken and the outcome if known.


Name of person Filling out this form <div style="text-align: right; margin-top: 10px;"></div>	
Volunteer Role	

Name of Garden and Address <div style="text-align: right; margin-top: 10px;"></div>	
Name of garden owner	
Contact Telephone number of garden owner	
Email address of garden owner	


Name and address of person in charge on the day, if different to above. <div style="text-align: right; margin-top: 10px;"></div>	
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Contact telephone number of person in charge on the day <div style="text-align: right; margin-top: 20px;"></div>	
Email address of person in charge on the day	

Name of injured person <div style="text-align: right; margin-top: 20px;"></div>	
Address of injured person	
Telephone number of injured person	
Email address of injured person	

If more than one person has been injured, please attach their details on a separate piece of paper. Please remember to put your name, contact number and the name of the garden where the accident occurred on the paper as well. Please send the original with the form to Head Office and give a copy to your District Organiser for your district records.


Date and Time of Accident <div style="text-align: right; margin-top: 20px;"></div>	
Please describe what happened	

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<p>Name (s) and contact details of witnesses</p> <div style="text-align: center; margin-top: 20px;">  </div>	
<p>Please describe any First Aid given</p>	
<p>Was an Ambulance called?</p> <p>(If yes, please state at what time the ambulance was called. When it arrived and which hospital the person was taken to.)</p>	<p style="text-align: center;">Yes                      No</p>
<p>Were any family or friends of the injured person notified?</p> <p>(if yes, please give time of notification, names, relationship to the injured person and contact details)</p>	<p style="text-align: center;">Yes                      No</p>

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Please detail any further action required/ taken  	
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Outcome of Accident if known	
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Signature of person completing the form  	
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Date	
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