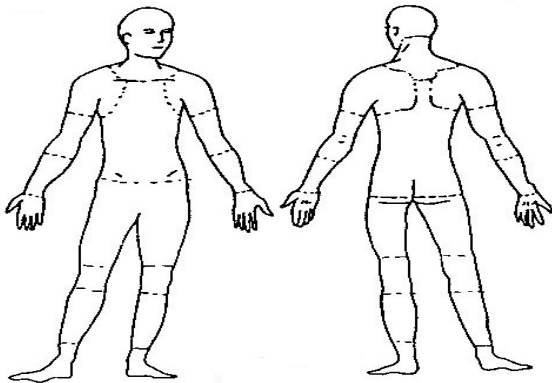


## Accident Report Form: *Ballymena Runners AC*

<b>Coach/Leader in Attendance:</b>	
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<b>INJURED PARTY</b>	
<b>Name:</b>	
<b>Home address (if known):</b>	

<b>ACCIDENT DETAILS</b>	
<b>Form Completed By:</b>	
<b>Date:</b>	<b>Exact Location:</b>
<b>Time:</b>	<b>Time Reported:</b>
<b>Reported by who:</b>	
<b>Nature of Injury:</b>	<b>How accident happened:</b>
<b>Name and contact details of witnesses:</b>	
<b>First Aid Involved?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Were the following contacted:</b>	<b>Police</b> <input type="checkbox"/> <b>Ambulance</b> <input type="checkbox"/>

<p><b>Part of body affected: (shade all that apply)</b></p>	<div style="text-align: center;">  </div> <p>Nature of injury: (most serious one)</p> <ul style="list-style-type: none"> <li>Abrasion, scrapes</li> <li>Broken bone</li> <li>Bruise</li> <li>Burn (heat)</li> <li>Concussion (to the head)</li> <li>Cut, laceration, puncture</li> <li>Hernia</li> <li>Illness</li> <li>Sprain, strain</li> <li>Other _____</li> </ul>
<p><b>Referred to Designated Person?</b></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>Designated Person's Signature</b></p>	<p style="text-align: right;"><b>Date:</b></p>
<p><b>Any further action to be taken?</b></p>	

All of the above facts are a true record of the accident/incident.

Signed:

Date:

Name:

(In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Risk Assessment Form.