

ACCIDENT AND INJURY RECORD FOR CLERK TO COMPTON DANDO PARISH COUNCIL

NAME OF PERSON TO WHOM ACCIDENT HAPPENED

ADDRESS

TELEPHONE NUMBER OF INJURED PERSON

DATE OF ACCIDENT

TIME OF ACCIDENT

PLACE WHERE ACCIDENT HAPPENED

CAUSE AND NATURE OF INJURY

AMBULANCE REQUIRED

TREATMENT

NAME OF PERSON RECORDING ACCIDENT IF NOT THE INJURED PERSON

ADDRESS

TELEPHONE NUMBER

OCCUPATION

APPROVED 17TH APRIL 2018:

Signed.....

Date.....

Signed.....

Date.....