Newcastle University – Centre for Physical Recreation and Sport



ACCIDENT AND INCIDENT REPORT FORM

Please refer to the Participation & Events Manager for guidance on completing this form.

DETAILS OF ACCIDENT, INCIDENT OR NEAR MISS				
Date of accident/incident:		Time of Incident:		
Where did the accident/incident occur? (Please tick)				
Langhantan 🗖	Longbenton Redhall Close House			
Longbenton Cochrane Park	Rednall	Cluse	House	
Cochrane Fark	neaton			
Briefly describe the circumstances of the accident/incident:				
DETAILS OF INJURED PERSON (IF APPLICABLE)				
Title: Mr/Ms/Miss/Mrs/Dr/Professor Address of injured person:				
Surname:		i i uni cos or injui cu		
Forename(s):				
Injury and part of body injured:		Intra Mural/BUSA Team Name:		
injury and part of body injured.		(Applicable only for Recreation Service		
		Manager)		
		94 1 4/94- 69 N	D (CD' 4L.	
Occupation of injured person:		Student/Staff No:	Date of Birth:	
STUDENT				
Name and contact details of witness:				
Initial Action to prevent reoccurrence:				
Initial Action to prevent reoccurrence.				
NAME AND CONTACT DETAILS				
Name and contact details of the person completing the form:				
Name: Tel. No:			No.	
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