



# CARE FARNHAM Incident/Accident Report Form

Please complete this form immediately after the incident/accident\* and send it to the Transport Officer/CARE Farnham. Please put a line through sections that are not relevant.  
\*delete as applicable.

1. Name and address of Client/Injured Person\* .....

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2. Date and time of Incident/Accident\* .....

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3. Details of where the Incident/Accident\* took place .....

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4. Nature of Incident/Accident\* and extent of personal injury to include details of (i) what activity was taking place; (ii) actual loss/damage to property or near miss; (iii) Police Incident/crime number, if applicable; (iv) full details of the action taken; (v) what happened to the injured person afterwards (e.g. went home, taken to hospital, carried on).

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5. Were any of the following contacted?

CARE D.O: yes/no      Police: yes/no      Ambulance: yes/no      Family/Relative: yes/no

Signed:..... Date.....

Name (please print): ..... Contact telephone no:.....