

England Netball
Accident Report Form



England Netball, 9 Paynes Park, Hitchin, Herts SG5 1EH www.Englandnetball.co.uk
T: +44 (0)1462 442344 F: +44 (0)1462 442343 E: info@Englandnetball.co.uk

This form should be completed for all incidents, whether or not medical treatment is given, and filed for future reference. This is not an insurance claim form.

1. DETAILS OF PERSON INVOLVED

NAME:

NETBALL ID

FULL ADDRESS:

POSTCODE:

DATE OF BIRTH

OCCUPATION

TELEPHONE(S)

FULL DETAILS OF
INJURIES

TREATMENT
RECEIVED

2. ACCIDENT/INCIDENT

EVENT & VENUE

LOCATION WITHIN
VENUE

DATE

TIME

DESCRIPTION OF
INCIDENT

To support your description, you may wish to complete a diagram on a separate piece of paper.

3. DETAILS OF PROPERTY DAMAGE if applicable

PROPERTY
OWNER'S NAME:

.....

FULL ADDRESS:

.....

POSTCODE:

.....

TELEPHONE(S)

.....

DETAILS OF
DAMAGE

.....

.....

.....

4. WITNESSES if available

NAME:

.....

FULL ADDRESS:

.....

POSTCODE:

.....

TELEPHONE(S)

.....

NAME:

.....

FULL ADDRESS:

.....

POSTCODE:

.....

TELEPHONE(S)

.....

NAME:

.....

FULL ADDRESS:

.....

POSTCODE:

.....

TELEPHONE(S)

.....

5. ANY ADDITIONAL COMMENTS

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Signature

Date

Name

Your Netball Role
at this Event