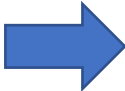




Accident Reporting Form – Vehicle Accident

In the event of an accident at an open garden, the following procedure should be followed:


- If this was an accident **not involving a vehicle**, please fill in Accident Reporting Form – Injury to a Person.
- Please fill in 2 copies of the appropriate form or photocopy it.
- Please send the original to Head Office and give the copy to your District Organiser for your own District records.
- Record in detail all facts surrounding the accident as requested on the form as soon as possible after the accident.
- Please take photographs if possible.
- Please note any further action required/ taken and the outcome if known.

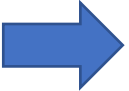
Name of person Filling out this form <div style="text-align: right; margin-top: 10px;"></div>	
Volunteer Role	


Name of Garden and Address <div style="text-align: right; margin-top: 10px;"></div>	
Name of garden owner	
Contact Telephone number of garden owner	
Email address of garden owner	


Name and address of person in charge on the day, if different to above. <div style="text-align: right; margin-top: 10px;"></div>	
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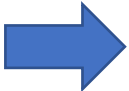
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Contact telephone number of person in charge on the day 	
Email address of person in charge on the day	

Registration Number of Vehicle 1 	
Name of registered owner	
Name of person driving it at the time of the accident	
Registration Number of Vehicle 2	
Name of registered owner	
Name of person driving it at the time of the accident	

Date and Time of Accident 	
Please describe what happened	


<p>Name (s) and contact details of witnesses</p> <div style="text-align: center; margin-top: 20px;">  </div>	
<p>Were the police called?</p> <p>(If yes, please state at what time the police were called, what time they arrived and what they did)</p>	<p style="text-align: center;">Yes No</p>

<p>Name of injured person</p> <div style="text-align: center; margin-top: 20px;">  </div>	
<p>Address of injured person</p>	


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Telephone number of injured person	
Email address of injured person	

If more than one person has been injured, please attach their details on a separate piece of paper. Please remember to put your name, contact number and the name of the garden where the accident occurred on the paper as well. Please send the original with the form to Head Office and give a copy to your District Organiser for your district records.

Please describe any First Aid given <div style="text-align: center; margin-top: 20px;">  </div>	
Was an Ambulance called? (If yes, please state at what time the ambulance was called. When it arrived and which hospital the person was taken to.)	Yes No
Were any family or friends of the injured person notified? (if yes, please give time of notification, names, relationship to the injured person and contact details)	Yes No

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Please detail any further action required/ taken 	
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Signature of person completing the form 	
Date	