



Accident report form

All information will be kept confidential to CTM Parish officers investigating the accident and considering any action needed to prevent recurrence

Person who had the accident			
Name			
Address			Postcode
Email address			Phone number

Person reporting the accident (if not the one who had the accident)			
Name			
Address			Postcode
Email address			Phone number

Details of the accident <i>(please continue overleaf or on a second page if necessary)</i>			
When did it happen?	Date		Time
Where did it happen?			
What happened?			
What do you think was the cause?			
If the person was injured, please give details.			
If the person needed treatment, please give details			

Signature		Date	
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Please email to Richard Havelock c/o admin@ctmparish.org.uk
or print and send to Parish Administrator, Rectory, Church Road, Caversham, Reading, RG4 7AD