

# West Lancashire Footpath Group



Registered Charity Number

511764

## *Incident Report Form*

This form should be completed as soon as possible after an incident involving injury or property damage, or after a near miss.

Return the completed form within 24 hours of the incident to the walk leader.

Name of Group:

Date of incident

No of participants

Walk Leader's name:
Their e-mail address:
Their contact number:

Location of incident:
Date of incident
Time of incident

Description of incident and action taken:
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Person injured or affected by the incident

Name:	D.O.B.
Are you a paid-up member of the walking group Yes/No	

**E-mail address:**

**Contact phone no.**

**Details of injury, the treatment and the current condition (if applicable)**

**Detail of the damage to third party property (if applicable)**

**Witness details**

**Name:**

**E-mail address**

**Contact phone No:**

**Additional Information:**

**More details about the incident, and how likely is a claim:**

**Privacy Policy:**

**Sensitive personal data may be collected as part of any accident reporting on a group walk or the organised event. This information may be shared with our insurance company in line with our legal and insurance obligations. When sensitive personal information is collected, we will take extra care to ensure your privacy rights are protected.**