



Liverpool Canoe Club

Accident Record



1 About the Person who had the accident (or near miss)

Name _____

Address _____

_____ Postcode _____

2 About You (the person filling in this record) If you did not have the accident please fill in

Name _____

Address _____

_____ Postcode _____

3 About the accident Continue on the back of this form if you need to

Say when it happened time _____

Say where it happened _____ Date / /

Say how it happened. Give the cause if you can. If there was an injury say what it was and how treated

Please sign the record and date it. Signature _____ Date / /