



## Accident Report Form

Walk leader's name (front leader):

Walk leader's name (back leader):

Name of casualty:

Date and time of accident:

Place of accident:

Details of accident:

Action taken by leader:

Signatures:

Leader (1):

Leader (2):

Casualty if possible:

Witness 1:

Witness 1 contact details:

Witness 2:

Witness 2 contact details:

Risk assessment form attached: Yes / no

Please retain a copy of the form for yourself and the return a copy to your coordinator and a copy to the Let's Walk Cymru National Coordinator Melanie Jones, Ramblers Cymru, 3 Coopers Yard, Curran Road, Cardiff, CF10 5NB