

NICS RAMBLERS

ACCIDENT REPORTING FORM (FOR COMPLETION BY WALK LEADER)

FULL NAME OF INJURED PERSON	
AGE OF INJURED PERSON	
STATUS (EG NICS RAMBLERS MEMBER)	
DATE AND TIME OF ACCIDENT NATURE OF INJURY	
PLACE WHERE ACCIDENT OCCURRED	
BRIEF DESCRIPTION OF CIRCUM- STANCES WALK LEADER NAME AND SIGNATURE	Name: Signature: Date:

PLEASE RETURN FORM TO NICS RAMBLERS SECRETARY