UK ACCIDENT REPORT FORM

1. Incident Details

Location of Incident: _____

Exact Time of Incident: _____

Date of Incident: _____

2. Personal Details of Injured Person(s)

Full Name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Occupation: _____

3. Details of Witnesses

Full Name: _____

Address: _____

Telephone Number: _____

4. Description of Incident

5. Injuries Sustained

Please describe any injuries sustained:

6. Action Taken

Please describe any immediate action taken:

I hereby declare that the information provided above is true and accurate to the best of my knowledge and belief. I understand that providing false or misleading information may be punishable under UK law.

INJURED PERSON / REPORTER'S SIGNATURE **WITNESS SIGNATURE**

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

9. Privacy Notice

The information collected on this form will be processed in accordance with the UK Data Protection Act 2018 and the General Data Protection Regulation (GDPR). It will be used solely for the purpose of investigating and managing the reported incident. By signing this form, you consent to the processing of your personal data for these purposes. Your data will be stored securely and retained only for as long as necessary in compliance with legal obligations.