

MOURNE RAMBLING GROUP

ACCIDENT REPORTING FORM (FOR COMPLETION BY WALK LEADER)

FULL NAME OF INJURED PERSON	
AGE OF INJURED PERSON (not compulsory)	
STATUS (EG MRG MEMBER)	
DATE AND TIME OF ACCIDENT	
NATURE OF INJURY	
PLACE WHERE ACCIDENT OCCURRED	
BRIEF DESCRIPTION OF CIRCUMSTANCES	
WALK LEADER NAME AND SIGNATURE	NAME: SIGNATURE: DATE:

PLEASE RETURN FORM TO MRG SECRETARY