

# BRANT HERITAGE QUILTERS GUILD ACTIVITIES ACCIDENT REPORT FORM

To be completed by the event leader

(Check all that apply)

PERSONAL INJURY

PROPERTY DAMAGE

MOTOR VEHICLE ACCIDENT

## SECTION 1

**3) EXPLAIN WHAT HAPPENED:** (what, where, when, who, how):

Event Leader: \_\_\_\_\_

Guild Member: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Explanation:

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B) If this is a result of a motor vehicle accident, is a copy of the following attached:

Driver's Motor Vehicle Accident Report

Yes

No

Copy of Police Report

Yes

No

## SECTION 2-Personal Injury

A) Injured Guild Member:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

B) Any Other Member(s) Involved:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

C) First Aid/Other Treatment:

First Aider: \_\_\_\_\_

Medical Treatment: \_\_\_\_\_

Name and Address of doctors/surgeons: \_\_\_\_\_

Hospital: \_\_\_\_\_

Date and time of accident: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Date and time accident reported to Event Leader: \_\_\_\_\_

Date and time accident reported to BHQG President: \_\_\_\_\_

Names and addresses of Witnesses: \_\_\_\_\_

**SECTION 3-Background**

A) Please identify the immediate cause of the accident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B) Please identify the underlying cause of the accident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C) How might this accident be prevented from happening again?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report prepared by: \_\_\_\_\_

**FOR BHQG EXECUTIVE USE ONLY**

Actions taken to prevent re-occurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action by:** \_\_\_\_\_

Insurance Contacted?

Yes

No

N/A

Pictures Required?

Yes

No

N/A

If yes, indicate date and time.

\_\_\_\_\_

Officer's Name

\_\_\_\_\_

Copy of report attached?

Yes

No

**ORIGINAL TO BHQG SECRETARY, COPIES TO PRESIDENT AND PERSON(S) INVOLVED**