

## Appendix 6

### Accident Report Form - ONNELEY GOLF CLUB

|  |               |
|--|---------------|
| Recorder's Name:   |               |
| Address:   |               |
| Post Code:   | Telephone No: |
| Name of Injured Person [s]:  |               |
| Address:   |               |
| Post Code:   | Telephone No: |
| Nature of Injury Sustained:  |               |
| Where did the Accident occur: [include: date; time; location; and nature of the accident.] |               |
| How did the Accident occur: [include: names; telephone numbers; etc.]                      |               |
| Were there any witnesses to the Accident: [include: names; statements, etc.]               |               |
| What action was taken: [include: treatment administered, by whom, etc.]                    |               |
| Were any other Agencies involved: [e.g. Ambulance service?]                                |               |

Have the Parents / Guardians been contacted? YES NO [Please circle.]

Does the accident need to be referred to England Golf Compliance Dept? YES NO

Date:

Time:

Signature of Recorder: