



Wiltshire Search And Rescue



ACCIDENT REPORT FORM

Search Reference No: _____ **Date:** _____

Time of accident:

Full name of injured person:

Date of Birth:

Home Address:

Home Telephone No:

Full details of injury:

What was the person doing at the time of the accident?

Describe how the accident occurred.

Details of any First Aid treatment / advice given and by whom:

Details of any witnesses to the accident.