**Community Rail Volunteer**

Accident - Incident Form

1 Group Name ……………………………………………….………………………………………...

2 Person(s) in charge …………………………………………………………………………………… 3. Name of injured person ………………………………………………………………………………. 4. Address of injured person …………………………………………………………………………….

……………………………………………………………………………………………………………… 5. Nature of accident / incident …………………………………………………………………………...

1. Date and time of accident / incident …………………………………………………………………..
2. Venue where accident / incident took place ……………………………………………………………
3. Explanation of how the accident / incident happened (Describe activity taking place etc)

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1. Explain the action taken (e.g. first aid treatment) ………………………………………………………

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1. What happened to the injured party after the accident / incident (e.g. went home, to hospital, carried on, etc) …………………………………………………………………………………………………….

11. What steps / actions will be put in place to avoid a reoccurrence of the accident / incident?

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Signed ……………………………………………………………. Date ……………………..

Please complete and return this form to,

Karen Hornby

Route Stakeholder Manager

Network Rail, 4 Travis Street, Manchester, M1 2NY

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