

WINDMILL WALKERS INCIDENT REPORT FORM



This form should be completed as soon as possible after an incident involving injury or property damage, or after a near miss.

Return the completed form to Windmill Walkers Secretary, **secretaryww@outlook.com** within 10 days of the incident, attaching any relevant supplementary information.

Date of walk

Number of participants

Person leading the walk

Name

Email Address

Contact phone number

Incident

Location, date and time

What happened and what action was taken?

WINDMILL WALKERS INCIDENT REPORT FORM



Details of the injury, the treatment and the current condition (if applicable)

Person injured or affected by the incident

Name

Date of birth (or approximate age)

Are they Windmill Walkers member

Yes/No

Guest walker

Email address

Contact phone number

Details of damage to third party property (if applicable)

WINDMILL WALKERS INCIDENT REPORT FORM



Witness

If there is more than one witness, please list the others in the additional information section

Name

Email address

Contact phone number

Additional Information

For example, more details about the incident, extra witnesses.

Additional information cont:

Your details (person completing the form)

Name

Date

Role

Privacy Policy:

Sensitive category data may be collected as part of any accident reporting on a group walk or other organised event. This information may be shared with our insurance company in line with our legal and insurance obligations. When sensitive category data is collected, we will take extra care to ensure your privacy rights are protected. Our Data Protection Policy can be found on the Windmill Walkers website.