

MAKE (GOOD) TROUBLE

Accident Report

This form should be completed by a member of staff on the scene at the time of any accident, and as soon after the event as possible. The report should then be handed to a member of Make (Good) Trouble's management team to complete the 'Subsequent action taken' section.

We classify an accident as what we have witnessed and an incident as something we did not see.

Date, time and location of accident/incident

Name and role of person completing this form

Name of injured person

Address of injured person

Nature of accident/incident and extent of injury

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Give details of how and precisely where the accident/incident took place (including what activity was taking place, ie. filming)

Give full details of action taken. During any first aid treatment and the name(s) of first-aider(s)

Were any of the following contacted/notified?

	Yes	No	Details
Parents/carers			
Police			
Ambulance			
Other (provide details)			

What happened to the injured person following the accident/incident?

**MAKE
(GOOD)
TROUBLE**

All of the above facts are a true record of the accident/incident

Signed

Print name

Date

For MGT Management to complete

Subsequent action taken

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No action taken (please provide reasons)

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Signed

Print name

Date
