

**ARMY WELFARE SERVICE  
ACCIDENT REPORT \* ON / OFF SITE ACTIVITY**

\* COMMUNITY ~~OR YOUTH CENTRE~~ PROJECT PRB Gütersloh Football Club

Member of staff in charge (Name) \_\_\_\_\_

Address: \_\_\_\_\_ Tel N° \_\_\_\_\_

1. Date, time and place of accident \_\_\_\_\_

2. Name of injured party \_\_\_\_\_ Age \_\_\_\_\_

3. Name of Parent/Carer \_\_\_\_\_

4. Address & Tel N° \_\_\_\_\_

5. Number of people in centre/project/location taking part in the activity at time of accident \_\_\_\_\_

6. Number of workers in the centre/project/location at time of accident \_\_\_\_\_

7. How the accident happened [in detail]: [attached a sketch plan if appropriate]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What action was taken by the member of staff i/c:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Details of the injury sustained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Supervision: (Where were the supervisory staff when the accident occurred?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Delete as appropriate

11. Did injury result from defective equipment/premises? Give details

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12. What medical attention was given (if any)?

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13. Names & addresses of any witnesses (preferably independent witnesses) should be appended  
**THIS IS VERY IMPORTANT.**

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

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14 Was the accident reported to Civil or Service Police? (Give details)

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15. Other relevant remarks

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Date: \_\_\_\_\_ Signature \_\_\_\_\_  
**Member of staff in charge**

Distribution:  
SYCO (G)  
GYCO  
PRB Gütersloh FC Manager File