

# EAST KIRKBY PARISH COUNCIL

## Accident Report Form

### ACCIDENT DETAILS:

Date and time of the Accident : \_\_\_\_\_

Location of the Accident : \_\_\_\_\_

Describe the Accident : \_\_\_\_\_  
\_\_\_\_\_

Details of the witnesses, if any : \_\_\_\_\_  
\_\_\_\_\_

### PERSON(S) INVOLVED

Name(s) : \_\_\_\_\_  
\_\_\_\_\_

Job title(s) : \_\_\_\_\_  
\_\_\_\_\_

Nature and extent of injuries : \_\_\_\_\_

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**ACCIDENT CATEGORY**

Select the appropriate category for the Accident:

- Slip, Trip, or Fall
- Equipment or Machinery related
- Vehicle or Transportation related
- Struck by Object
- Caught in/between Objects
- Electrical Incident
- Other (specify) :

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**ACCIDENT DESCRIPTION**

Provide a detailed description of how the accident occurred :

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**IMMEDIATE ACTIONS TAKEN**

Describe the immediate actions taken to address the accident and provide assistance :

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## CONTRIBUTING FACTORS

Were there any contributing factors to the Accident? If yes, select the relevant factors:

- Unsafe Work Practices
- Lack of Training
- Equipment Failure
  
- Environmental Conditions
- Communication breakdown
- Other (Specify) : \_\_\_\_\_

## INVESTIGATION:

Will a further investigation be conducted? :  YES  NO

If yes, specify the person(s) responsible for the investigation : \_\_\_\_\_

Provide any additional details or instructions for the investigation : \_\_\_\_\_

## PREVENTIVE MEASURES

What preventive measures can be implemented to avoid similar Accidents in the future?

: \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS**

Is there any additional information or comments you would like to include?

: \_\_\_\_\_  
\_\_\_\_\_

**PERSON COMPILING THE REPORT**

Name : \_\_\_\_\_

Job Title / Role : \_\_\_\_\_

Contact Details : \_\_\_\_\_