

Angling Cymru
Accident/Incident Form

About the person injured or involved in the incident	
Full name	
Address	
Postcode	Age if under 16
Occupation	
Activity being undertaken at the time of accident/incident	

About the person reporting the accident/incident	
Full name	
Address	
Postcode	
Occupation	
Role being undertaken at the time of accident/incident	
Signed:	Date:

About the accident/incident	
Date it took place:	Time:
Where it took place:	

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About the accident/incident

How did the accident/incident happen?

What was the cause of the accident/incident?

If there were any injuries what were they?

Signature of the person in charge:

Additional Information:

A copy of this form should be kept for your records and the original form returned to:-

Helen Pearce, National Angling Coaching Co-ordinator
9 Maes Afallen, Bow Street, Aberystwyth, Ceredigion, SY24 5BL