

THE CAMPING AND CARAVANNING CLUB

Accident/Incident Report – Exempted Camping



This form is to be completed in the event of any of the following circumstances.

- All accidents on site
- Any personal injury to either stewards or campers
- Accidental damage to Club property
- Damage caused to third party property/vehicles
- Incidents resulting in undue disturbance or distress to stewards or visitors to site

MEET/THS REFERENCE NO:

This form must be completed by the steward on site. It should not be completed by any third party though they may need to provide information.

The form should be completed to the fullest possible detail and emailed to exemptions@campingandcaravanningclub.co.uk without delay to ensure we remain compliant with our insurance arrangements and relevant regulatory requirements (depending on the circumstances reported).

- For an accident involving **INJURY** to an employee **COMPLETE A, B, D**
- For an accident involving **INJURY** to another person **COMPLETE A, B, D**
- For an accident involving **DAMAGE** to third party property **COMPLETE A, D**
- For an accident involving **DAMAGE** to club property **COMPLETE A, C, D**
- For an accident involving **DAMAGE** to a steward or camper **COMPLETE A, B, D**

PART A

PARTICULARS OF PERSON INVOLVED IN ACCIDENT/INCIDENT

Name:

Address:

Postcode:

Telephone Number:

Age:

Occupation:

Is he/she a Club member?:

Yes

No

Membership No.

ABOUT THE ACCIDENT/INCIDENT:

Type of Accident/Incident:

Date of Accident/Incident:

Time of Accident/Incident:

NAME OF SITE:

LOCATION OF ACCIDENT/INCIDENT ON SITE:

Describe the circumstances of the accident/incident

Please give a full and precise account of the accident/incident and include sketches and photographs. Continue on page 4 if you need to

PART B

IF ACCIDENT INVOLVED AN INJURY PLEASE GIVE DETAILS OF INJURY IN BOX BELOW

Did he/she receive medical treatment? Yes No

Was he/she taken to hospital? Yes No

If yes were they detained in hospital and how long for? (If known)

PART C

IF ACCIDENT INVOLVED DAMAGE TO CLUB PROPERTY PLEASE GIVE DETAILS IN BOX BELOW

Did the person causing the damage admit liability?

Yes No

If yes please get the person responsible to sign box below confirming that they caused the damage and agree with your description of the damage caused

If accident involves a vehicle please supply car registration and insurance details of person concerned

PART D

PLEASE GIVE DETAILS OF ANY WITNESSES TO THE ACCIDENT/ INCIDENT

Name:

Membership No.:

Address:

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Postcode:

Tel:

Name:

Membership No.:

Address:

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Postcode:

Tel:

PLEASE SEND YOUR COMPLETED FORM TO:

Exempted Camping Department
Greenfields House
Westwood Way
Coventry CV4 8JH

or email us at:

exemptions@campingandcaravanningclub.co.uk

STEWARDS SIGNATURE

DATE

PLEASE CONTINUE ON THIS PAGE IF NECESSARY