Incident report form

Category: Form

Please note that this form is to be filled in by a member of the committee, a group convenor, or the property owner and should be retained on file by the U3A committee in case of a claim and for a period of three years even if a claim appears unlikely.

1. Your details

U3A	St Austell
Name	Debs Pritchard
Position	Group Leader Half Day Wnderers
Email	debspritchard@yahoo.co.uk
Telephone	07976373209
Address	The Barn, St Steohen
Postcode	PL26 7QB

2. Incident details

Date of incident	27/05/26
Time of incident	10.45a.m.
Where did the incident occur?	On a Footpath near St Just in Roseland, headinh towards St Mawes
Please state the reason for the injured person or damaged property being there	
Russell Davies is a group member who has joined many of these monthly wlks before. He walks with his wife.	
Please describe the circumstances of the incident *Attach a sketch or photograph(s) if possible*	
We were walking on a dry , fairly narrow mud path – more or less single file. Russell was just behind me and we were towards the rear of the party. There was a slight camber to the path. Suddenly he fell, landing on the ground without anything to block his fall. He was surprised, as we all were – there was nothing to trip over. He got up immediately and said he was fine to continue the walk, which he finished.	

3. Particulars of person(s) involved in the incident (continue on a blank page if necessary)

Name Russell Davies	Email rdaviesgbr@outlook.com
Address 22 Kingswood View, Trewhiddle	
Postcode PL26 7FT	Telephone 07801763450
Was he/she a member of your U3A on the date of the incident? Yes	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of your U3A on the date of the incident?	

Sections 4 and 5 are to be completed for any incident involving injury.

4. Particulars of the injured person(s)

(continue on a blank page if necessary)

Name Russell Davies	Email rdaviesgbr@outlook.com
Address 22 Kingswood View, Trewhiddle	
Postcode PL26 7FT	Telephone 07801763450
Was he/she a member of your U3A on the date of the incident? Yes	
Name	Email
Address	
Postcode	Telephone
Was he/she a member of your U3A on the date of the incident?	

5. Details of injury

Describe the injury/injuries Fracture of the wrist
Immediate action taken None – it wasn't identified as a fracture until an Xray on June 2 2026
Treatment at the scene None
Admission to hospital Operation on June 8 – Intra-Articular Step Surgical Procedure
Ongoing medical treatment 6 months of physiotherapy

Section 6 is to be completed for any incident involving damage to property

6. Details of damaged property

Describe damage caused	
Estimated cost of repair or replacement	
Name of owner of damaged property	
Email	Telephone
Address	
	Postcode

The remaining sections are to be completed for all incidents

7. Name and contact details of any witnesses to the incident

Kerrie Davies – same address as injured person.
Debs Pritchard – reported accident, address given

8. Declaration

I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects.
Signed Dated Deborah Pritchard 15/07/2026

Version	Description of changes	Date
2.0	Updated formatting	23/11/2021