Accident and near miss form

Date of incident:	**Site:**
PERSON WHO HAD ACCIDENT	**WITNESS**
Name **Address** **Phone:** **Email:**	**Name** **Address** **Phone:** **Email:**
Narrative	
Suggested changes to prevent reoccurrence	

Staff member name	**Signed**	**Date**

OUTDOOR MOBILITY DEVELOPMENT/OPERATIONS OFFICER		
Comments: **Recommendations:**		
Name:	**Signed:**	**Date:**
OUTDOOR MOBILITY TRUSTEE BOARD		
Comments: **Action:**		
This is/is not reportable under RIDDOR		