



ramblers
at the heart of walking

Incident Report Form

1/ Group details

Name of Group	Area
Activity or event (e.g. walk, path clearance, campaign event, AGM)	
No of participants at activity	Date of activity

2/ Person responsible for activity

Forename	Surname
Position/role	
Address	
Phone no	Mobile no
Email address	Membership no (if applicable)

3/ Details of injured person

Forename	Surname
Gender	Date of birth
Address	
Phone no	Mobile no
Email address	
Ramblers member? Yes/No	Membership no (if applicable)
Were there any injuries? If yes, please state their nature	
Was medical attention sought? If yes, what treatment was received & for how long?	
If injuries were sustained is a full recovery expected?	

4/ Details of incident

Date	Time
Were emergency services called? Yes/No	Grid Reference (if appropriate)
Location	
What happened? Please give as much information as possible and use continuation sheet if necessary	

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5/ Witness (if more than one please list others in section 9)

Forename		Surname	
Gender		Date of birth	
Address			
Phone no		Mobile no	
Email address			
Ramblers member? Yes/No		Membership no(if applicable)	

6a/ Details of person making report (if same as person named in section 2 go to 6b)

Forename		Surname	
Position/role			
Address			
Phone no		Mobile no	
Email address			
Membership no (if applicable)			

6b/ Extra information from person making report

Is there anything else you would like to add?	
Signature <i>(not if emailed)</i>	Date

7/ The following must be completed by Group Secretary

Name		Email address	
Address			
Phone no		Mobile no	
Signature <i>(not if emailed)</i>		Date	

Please return to: The Ramblers, Led Walks Team, 2nd Floor, Camelford House, 87-90 Albert Embankment, London, SE1 7TW or email it to insurance@ramblers.org.uk, phone 020 7339 8519

DATA PROTECTION ACT:

All information you provide on this form is treated by us as confidential and except to the extent required by law, we shall only use such information for the purposes of processing your claim. Information you provide may be forwarded to your Insurer for these purposes.

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