

West of England Billiards & Snooker Foundation Accident Report Form



| | | | |
|--|-----------------|--------------------|----------|
| ABOUT THE PERSON WHO HAD THE ACCIDENT | | | 1 |
| Name | | | |
| Address | | | |
| City/Town | Postcode | Phone No's. | |

| | | | |
|---|-----------------|--------------------|----------|
| DETAILS ABOUT THE PERSON REPORTING THIS ACCIDENT | | | 2 |
| Name | | | |
| Address | | | |
| City/Town | Postcode | Phone No's. | |

| | | |
|---|---------------------|----------|
| DETAILS OF ACCIDENT / INJURY | | 3 |
| Date (dd/mm/yy) | Time (hh:mm) | |
| Where did the accident/injury take place? | | |
| Say how the accident happened, give a cause if you can | | |
| Details of injury | | |
| Details of medical treatment provided | | |
| Signed: | Date | |

Completed Accident Record form to be sent to the WEBSF Management Team