

**Fen Edge Festival 2017**  
**Report of an injury, untoward incident or dangerous occurrence**

This form must be filled in by an organiser or other responsible person.

**About you.**

What is your full name?  
.....

What is your telephone number?  
.....

What organisation are you representing?  
.....

What was your role?  
.....

**About the incident.**

On what date did it happen? ...../...../.....  
At what time (24hr clock)?  
.....

Where did the incident take place?  
.....  
.....  
.....

**About the injured person.**

What is their full name?  
.....

What is their home address?  
.....  
.....  
.....

What is their home phone number?  
.....

How old are they? .....  
Are they male/female?

Were they a) a volunteer, or b) a member of the public? A/B

**About the injury.**

What was the injury?

.....

What part of the body was injured?

.....

Did the injury mean that the person a) had to be taken from the scene of the accident to a hospital for treatment, or b) was given first aid at the scene?

A/B

Did the injured person become unconscious/need resuscitation/ remain in hospital for more than 24hrs/none of the above.

**About the kind of incident.**

Please indicate one that best describes what happened.

- Contact with moving machinery
- Hit by moving, flying or falling object
- Hit by a moving vehicle
- Hit something fixed or stationary
- Injured while handling, lifting or carrying
- Slipped, tripped or fell on the same level
- Fell from a height. What height?  meters
- Trapped by something collapsing
- Drowned or asphyxiated
- Exposed to, or in contact with, a harmful substance
- Exposed to a fire
- Exposed to an explosion
- Contact with electricity or an electrical discharge
- Injured by an animal
- Physically assaulted by another person
- Another kind of incident

**Describe what happened.**

Please give as much detail as you can. For instance the events that lead to the incident, the part played by people, what the injured person was doing and any action taken to prevent a similar incident.

**Your signature:**

**Date:**