

**MOURNE RAMBLING GROUP**  
**ACCIDENT REPORTING FORM (FOR COMPLETION BY WALK LEADER)**

<b>FULL NAME OF INJURED PERSON</b>	
<b>AGE OF INJURED PERSON (not compulsory)</b>	
<b>STATUS (EG MRG MEMBER)</b>	
<b>DATE AND TIME OF ACCIDENT</b>	
<b>NATURE OF INJURY</b>	
<b>PLACE WHERE ACCIDENT OCCURRED</b>	
<b>BRIEF DESCRIPTION OF CIRCUMSTANCES</b>	
<b>WALK LEADER NAME AND SIGNATURE</b>	NAME:  SIGNATURE:  DATE:

**PLEASE RETURN FORM TO MRG SECRETARY**