

## INCIDENT: INFORMATION COLLECTION FORM

<b>Accident/incident reference:</b>	
<b>Date of accident or incident:</b>	
<b>Approximate time of incident:</b> this is very important for identifying CCTV footage	
<b>Date form completed:</b>	

<b>Person completing the form:</b>	
Name:	
Job title:	
Email:	
Contact number:	
Did the person completing the form see the accident occur: yes/no	

<b>Supervisor for the supervision zone at the time of the accident:</b>	
Name:	
Date of birth:	
Address:	
Email:	
Contact number:	
Job title:	
Please mark the supervisor's position on a plan of the Venue at the moment the accident happened and write here..... the letter you have given to them to show their position eg; a/b/c  <i>Yes: This is attached</i> <i>No: This is not attached because...</i>	
Please attach a plan showing the supervision area covered by the Supervisor at the time of the accident  <i>Yes: This is attached</i> <i>No: This is not attached because...</i>	

If the supervisor was not in the supervision zone when the accident occurred, please explain why and where they were.	
Had the supervisor issued any red flags, three strike warnings, whistles or any other warnings to the injured party during the session? If yes why? What was done or said?	
Check and preserve a copy of the CCTV footage for the incident.  <i>Yes: This is saved</i> <i>No: This is not saved because...</i>	
Which staff members attended as a result of the incident?  Also add their names, roles and contact details to the witness table at the end.	

<b><u>Injured person:</u></b>	
Name: Date of birth: Address:	
Email:	
Contact number (or parent/ guardian if child injured):  Name of supervising adult (if a child injured):  Name of adult signing the waiver and safety rules form:  Please locate and preserve a signed copy of the waiver & safety rules form for this booking.  <i>This is saved: Yes/ No</i>	
Did the injured person view the safety briefing video on site on the same day as the incident?  If no, when and how did they view it?	

Please mark the injured person's position on a plan of the Venue at the moment the accident happened and write here..... the letter you have given to them to show their position. eg a/b/c  <i>Yes: This is attached</i> <i>No: This is not attached because...</i>	
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<b><u>The accident location:</u></b>
<b>Please take photos and attach them of:</b>
The whole supervision zone.
The place the incident occurred.
All warning signs near/around the equipment: <ul style="list-style-type: none"> <li>• Eg; on walls, on equipment</li> </ul>
All warning signs at the entrance to the venue and in the induction briefing room.
The equipment including detailed photos of any identified defects.

<p><b><u>Witnesses</u></b></p> <p>Please add the names of all staff and other witnesses who either saw the incident or assisted afterwards with the injured person or the equipment.</p> <p>Please provide witness statement forms to each witness together with a plan of the venue that includes the incident location area.</p>
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Details	1st witness	2nd witness	3rd witness	4th witness	5th witness	6th witness	7 <sup>th</sup> witness
<b>NAME</b>							
<b>DOB</b>							
<b>ADDRESS</b>							
<b>EMAIL</b>							
<b>CONTACT NUMBER</b>							
<b>Reason for being at the park</b> <i>(eg active guest, spectator, ambulance crew, 1st aider)</i>							
<b>Did they see the incident</b>							

<b>with their own eyes?</b>							
<b>Does the witness have a connection to injured party?</b> (eg Relative? friend?)							
<b>Please mark the witness' position on the attached map at the moment the accident happened and write in this box the letter you have given to them to show their position.</b> (Eg A, B , C)							

**Seek Early Support**

Policyholders must ensure that Tower Insurance Brokers (as Mutual Managers of the FEC Mutual Ltd) is notified as soon as practicable of an occurrence or any circumstance that may result in a claim.

A report must be made using the FEC Mutuals online **Incident Form** via the website: [FEC Mutual Limited](#)

Policyholders must not voluntarily make a payment, assume any obligation, or incur any expense without the cover providers consent (they must not admit liability).

Contact the FEC Mutual Managers team at Tower Insurance Brokers in the first instance.

**Tower Insurance Brokers**

Please do not hesitate to contact Tower Insurance Brokers if you require further guidance.

**Emily Reynolds Cert CII (Claims) | Head of Claims**  
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 ddi: 01253 542926

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Mutual Managers of:

