

# Accident Report – Castlewellan Forest Park

Once completed please forward to Newry Mourne & Down District Council at:

[accident@nmandd.org](mailto:accident@nmandd.org)

## PERSONAL DETAILS:

Person who had accident

Witness of accident

Name	
Date of Birth	
Address (inc postcode)	
Tel:	

Name	
Relationship	
Address (inc postcode)	
Tel:	

## INCIDENT DETAILS:

Time and Date of Accident (XX:XX Day | Month | Year)

Accident Description (please describe how the accident occurred)

## NATURE OF INJURY:

Description of any Injuries (please identify the location of body and nature of injuries)

Detail of treatment received

First Aid

Ambulance Required

## ACCIDENT FORM COMPLETED BY:

Name	Tel:
Address & Postcode	
<b>SIGNATURE</b>	<b>DATE</b>

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## LOCATION OF ACCIDENT:

Please provide sufficient detail in relation to the exact location, use of way markers.  
E.g The crash site was adjacent to a break in the trees through which I could see a forest road just beyond a short slope and small stream.

Please mark as accurately as possible the location of the accident on the map.

