

# NATIONAL STOOLBALL ASSOCIATION ACCIDENT RECORD

## 1. About the person who had the accident

Name

Address

Postcode

## 2. About you, the person filling in this record

Name

Address

Postcode

## 3. About the accident

Say when it happened.

Date

/

/

Time

Say where it happened:

Say how it happened. Give the cause if you can.

If the person who had the accident suffered any injury, say what it was.

## 4. Please sign the record and date it.

Signature

Date

/

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