

**REPORT ON INJURIES AND DEATH ARISING
FROM A CADET FORCE ACTIVITY – CADET FORCE PERSONNEL
(CCF/ACF/ATC)**

To be rendered in accordance with CCF/ACF/ATC Cadet Force Regulations

PART 1

Surname Christian/
Forenames Age
(Cadets only)

Rank Number Unit

Date and Time of incident Place of
Incident

Names of all other casualties (Service and Civilian) showing full Service details (if applicable) and extent of injuries.

**PART 2 SHORT STATEMENT TO BE COMPLETED BY INJURED PERSON (when possible), EXPLAINING
CIRCUMSTANCES IN WHICH INJURY WAS INCURRED**

Signed statements of witnesses are to be attached but see relevant Cadet Force instructions. If injury was sustained in the performance of authorized cadet duty the particular act of duty is to be specified.

Date Signature

PART 3 TO BE COMPLETED BY A MEDICAL OFFICER (Military or Civilian as soon as possible after the event)

- a. Nature of injury
- b. Site of injury
- c. Is the injury compatible with the statement of cause as PART 2? YES/NO
- d. Is the injury serious? YES/NO
- e. Is the injury of such a nature that it might be a factor of later disability? YES/NO/POSSIBLY
- f. Was the casualty admitted to hospital? If YES, give name and address of hospital YES/NO

g. Remarks

Date Signature of Medical Officer

Rank Appointment

PART 4 STATEMENT BY COMMANDING OFFICER

a. 1. Was the injury sustained in the performance of authorised cadet duty?	YES/NO
2. If sustained in an aircraft accident, was the flight properly authorised? If YES, state type and number of aircraft	YES/NO
3. Was the activity covered by an Indemnity/Agreement? If YES, give name and address of civil authority or organisation:	YES/NO
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b. 1. Was the injury sustained whilst proceeding to or from duty?	YES/NO
2. Was the journey following the most direct route? If NO, give explanation	YES/NO
3. Where did the journey commence? Where was it due to finish?	
4. Was the casualty residing in Official or Private accommodation?	OFFICIAL/PRIVATE
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c. Was the injury sustained in physical recreation (including games, practice games, or flying or gliding with a Service Club) organised by or with the approval of the proper Service authority? (See relevant instructions)	YES/NO
If YES, state:	
1. By whom the game, etc, was organised and under whose authority:	
2. The nature of the game, etc (eg, football, gliding):	
3. Whether the casualty was detailed to take part in it as a member of a Cadet Force or to complete as an individual:	CADET FORCE TEAM/INDIVIDUAL
4. For what event the practice was being held:	
5. If the injury was sustained in gliding, whether the casualty was a member of a Service gliding club under the supervision of an officer or fully qualified airman pilot:	YES/NO
6. If the injury was sustained in Flying with a Service club, whether the flight was authorised by an appropriately qualified instructor (see GA1 5070)	YES/NO
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d. If the injury was sustained in a game but not an organised game, state if there are any special circumstances which should be taken into account if and when the question of attributability has to be decided (see relevant Service instructions).	
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e. Was the injury due to his/her own fault (eg self-inflicted), or did it arise from negligence or misconduct or any other blameworthy cause within his/her own control? If the answer is YES or SUBJECT TO FURTHER INVESTIGATION, give particulars	YES/NO/SUBJECT TO FURTHER INVESTIGATION
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f. Was anyone else known or thought to be involved? If the answer is YES or SUBJECT TO FURTHER INVESTIGATION, give particulars	YES/NO/SUBJECT TO FURTHER INVESTIGATION
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g. 1. Is the incident being investigated by a Board of Inquiry/Unit Inquiry?	YES/NO
2. If YES, state type of inquiry, date and place:.....	
3. If NO, sign the following certificate: I CONSIDER THAT AN INQUIRY WOULD ADD NOTHING TO THIS REPORT	
Signed	
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h. Is the incident being investigated by Service or Civilian Police? If YES, state name, address or area of Force which is investigating:	YES/NO
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i. Does the injured person or in the case of a cadet his parents/NOK intend claiming compensation? Note: The report of an injury on this form is not to be delayed depending any possible claim.	YES/NO
Signature of Commanding Officer	
Ship/Unit	
Date	