

Accident / Incident Report Form

LEADERS NAME	CLUB NAME Cullaun Sailing Club
LOCATION OF ACCIDENT/INCIDENT	NAME OF INJURED PERSON
DATE & TIME OF ACCIDENT/INCIDENT	ADDRESS OF INJURED PERSON
NAME OF INDIVIDUALS WHO DEALT WITH ACCIDENT/INCIDENT	
NATURE OF ACCIDENT/INCIDENT AND EXTENT OF INJURY	
DETAILS LEADING UP TO ACCIDENT/INCIDENT	
DETAILS OF ACTION TAKEN, INCLUDING ANY FIRST AID TREATMENT	
WHICH OF THE FOLLOWING WERE CONTACTED AFTER THE INCIDENT? Garda <input type="checkbox"/> ambulance <input type="checkbox"/> Pa <input type="checkbox"/> Guardian/Carer <input type="checkbox"/> Doctor <input type="checkbox"/> <input type="checkbox"/>	
ANY ADDITIONAL INFORMATION RELEVANT TO THIS INCIDENT? ALL OF THE ABOVE FACTS ARE A TRUE AND ACCURATE RECORD OF THE ACCIDENT/INCIDENT Signature 1: Signature 2: Date:	