

Incident Report Form



Please complete in the event of an incident/accident

Leader details

Leader(s) name(s): _____

Date: _____

Incident details

Name of person(s) involved: _____

Date and time: _____

Place: _____

Description of incident: _____

Nature of injuries (if any): _____

Details of actions taken by leader/other walkers: _____

Were any of the following contacted? Gardaí Ambulance Family/friend

Outcome of incident: _____

The above is an accurate account of the incident

Leader's signature: _____

Person(s) involved signature(s): _____

Witness signature: _____