



Accident / Incident Report Form

Date: _____

Leader details

Walk Leader's name: _____

Walk Leader's name: _____

Accident/Incident details

Name of person(s) involved: _____

Date and time: _____

Place: _____

Details: _____

Nature of injuries (if any):

Details of actions taken by leader(s)/other walkers:

Were any of the following contacted? Gardaí Ambulance Relation

Outcome of accident/incident: _____

The above is an accurate account of the incident

Leader's signature: _____

Person(s) involved signature(s): _____

Witness signature: _____