## **Get Ireland Walking**

## Accident / Incident Report Form

Date:		
Group Coordinator's / Volunteer Walk Leader's details		
Name:		
Name:		
Accident/Incident details		
Name of person(s) involved:		
Date and time:		
Place:		
Details		
Nature of injuries (if any):		
Details of actions taken by by Group Coordinator / Volunteer Walk Leader / other walkers:		
Were any of the following contacted?	Gardaí Ambulance	Relation
Outcome of accident/incident:		
The above is an accurate account of the incident		
Group Coordinators / Volunteer Walk Leaders signature:		
Person(s) involved signature(s):		
Witness signature:		











