



**BALTIMORE**  
*Sailing Club*

**Accident / Incident Report Form**

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