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| **Incident Reporting Form** |
| Your Name |  |
| Name of Organisation/Club |  |
| Your Role |  |
| Your Address |  |
| Your Eircode |  |
| Your Telephone Numbers |  |
| Your Email address |  |
|  |
| Injured Parties Name |  |
| DOB |  |
| Address |  |
| Gender |  |
| Date of Accident |  |
| Date Accident was reported |  |
| **Where appropriate, more than one in each section may be ticked;** |
| Type of Accident/Incident | **Injured/damaged by person Struck by/contact with Caught in/Under Slip/Trip/Fall Exposure to substances/environments Road Traffic Accident/Crash Manual Handling Property Damage** **Other (Please specify)** |
| Main agent which caused accident |  |
| Type of Injury | **Fatality** **Bruise** **Concussion****Internal Injury****Abrasion, Graze****Fracture****Sprain****Torn Ligaments****Burns****Scalds****Frostbite****Injury not ascertained****Trauma****Other (Please specify)** |
| Part of body injured | **Head (except eyes)****Eyes****Face****Neck, back, spine****Shoulder****Upper arm****Elbow****Lower arm, wrist****Hand****Finger (one or more)****Hip joint, thigh, kneecap****Knee joint****Lower leg****Ankle****Foot****Toe (one or more)****Multiple injuries****Trauma, shock****Other (please specify)** |
| Has the accident been reported to Triathlon Ireland? | **Yes** **No**  |
| Have you informed the insurance company | **Yes** **No**  |

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| **Detailed Description of Accident** |
| Give full description of;* Activity being carried out when the accident occurred,
* The equipment in use (if any)
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| Detail how the accident occurred including;* location,
* time,
* names of those involved,
 |  |
| Was there medical assistance provided |  |
| Provide names of people providing medical assistance. |  |
| Attach the following | 1. Injured party's report,
2. Witness list (level of detail required will vary depending on the severity of the accident).
3. Witness statements (level of detail required will vary depending on the severity of the accident).
4. Sketch or photograph of the scene, equipment etc. where appropriate.
 |
| Any other relevant information |  |
| Investigating persons name |  |
| Signature |  |
| Date |  |
| **Include other relevant information, such as description of any injuries and whether you are recording this accident/incident as fact, opinion or hearsay.**  |