

# 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

### Detailed Description of Accident

Give full description of;

- Activity being carried out when the accident occurred,
- The equipment in use (if any)

Detail how the accident occurred including;

- location,
- time,

<ul style="list-style-type: none"> <li>names of those involved,</li> </ul>	
Was there medical assistance provided	
Provide names of people providing medical assistance.	
Attach the following	<ol style="list-style-type: none"> <li>Injured party's report,</li> <li>Witness list (level of detail required will vary depending on the severity of the accident).</li> <li>Witness statements (level of detail required will vary depending on the severity of the accident).</li> <li>Sketch or photograph of the scene, equipment etc. where appropriate.</li> </ol>
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.**