**This document was completed in anticipation of legal proceedings and therefore is Privileged and Confidential**

**Accident Report Form**

**Name of Club:**

**Address of Club**:

**Event Name: Camán n Chats Initiative 2022**

**Name of Injured Person:**

**Address of Injured Party:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation (if known):**

**Nature of Injuries:**

**Is the Injured Party a Club Member:** Yes / No

**Date and time of accident/incident:**

**Accident / Incident location\*:**

\*Include photographs of location if possible

**Description of Incident, injuries (if any sustained) and** **location:**

**Witnesses\* if any;**

\***Witnesses must complete Witness Statement form**

**Was incident reported at time it occurred?** YES 🞏 NO 🞏

**If Yes, to whom?** **Name**: **Position**:

**Is CCTV footage\* available?**  YES 🞏 NO 🞏

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**Is CCTV footage\* securely preserved?** YES 🞏 NO 🞏

\***If CCTV Is available make a copy and return with compelted form**

**Was medical attention given by;**

First aider 🞏 Doctor 🞏 Hospital 🞏 None 🞏

**Details of treatment administered (including name of first-aider):**

**Was injured party transferred to hospital?**  Yes 🞏 No 🞏 Not applicable 🞏

**Was accident investigated?** YES 🞏 NO 🞏

**If yes, by whom?**

**Immediate and root cause of accident (if known);**

**Does the accident/incident need to be reported to the Health & Safety Authority\*?**

**\*If unsure please contact Willis or GAA Insurance department for guidance**

YES 🞏 NO 🞏

**If yes, date report sent and by whom**:

**Does Safety Statement need to be amended?**

YES 🞏 NO 🞏

**Signed: Date:**

**Position in Club / County**

**Notes:**

**This Incident/Accident Report form should be completed not later than 48 hours after occurence**

**On completion of this form it should be forwarded to: GAA Insurance Department Croke Park and/or your County Board**

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**ARF Witness Statement**

**Name of injured person:**

**Date and time of accident:**

**Name of person making statement:**

**Statement:**

**Signed**

**Date:**

**Name Block capitals**

**Position:**