**Incident Report Form**

**Please complete the form ASAP after the Incident**

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| --- | --- |
| **Name of Walk** | |
| **Date of Walk**  **Walk Organiser** | **Number of participants** |

|  |  |
| --- | --- |
| **Name of Walk Leader (s)** | **Please indicate which day or Occasion.**  **WED/ THURS/ SAT/ SUN / HOLIDAY** |
| **Email Address of Leader (s)** | **Contact Phone Number of Leader (s)** |

|  |  |
| --- | --- |
| **Details of Incident (Please give as much detail as possible)** | **Location date and time of incident** |
| **Action Taken** | |

|  |  |
| --- | --- |
| **Name of person affected by the Incident.** |  |
| **Email address of person affected by the Incident.** | **Telephone Number of person affected by the Incident** |
| **Details of the Injury, the Treatment received and current condition.** | **Details of damage to third person or property (If applicable)** |

|  |  |
| --- | --- |
| **Name of Witness to the incident** | **Telephone Number of Witness (If known)** |
| **Add any additional details or comments.** | |

**If the Incident requires immediate ambulance and/or police, please inform the Secretary ASAP**