



GLASNEVIN SCHOOLBOYS FC
Accident Report Form

Name of person completing this form: _____

Title/Role: _____

Address: _____

Tel: (H) _____ (Mobile) _____

Accident details (Please give details of any witnesses):

Date & time of accident: _____ Venue: _____

Full description of accident: **(PLEASE WRITE IN BLOCK CAPITALS)**

Name of injured person: _____

Contact Details/Number: _____

Details of injuries:

How did the accident occur?

Any further comments?

Witness/Witnesses:

Please List Names and Contact details of all Witness/es:

(Statements should be sought from witnesses as soon as is practical while the accident is still fresh in their minds)

Signature: _____ Date: _____