



Irish Amateur Wrestling Association CLG.

54, Elm Mount Drive, Beaumont, Dublin 9 Email – irishwrestling@outlook.ie

ACCIDENT / INCIDENT REPORT FORM

CONFIDENTIAL

This form should be completed by the Head Coach, President of the Club or Organiser of the event (In the case of national event). It should not be completed by or referred to the injured person or a person acting on his/her behalf. This form should be returned to the Irish Amateur Wrestling Association office within 7 days of the incident. If all the information is not at hand, please send the form immediately and send on the information later

Club: _____

INJURED PERSON: _____
(full name Mr/Ms/Mrs/etc.)

Member of the IAWA? YES [] NO [] If no, was the person helping to run the activity an IAWA member? YES [] NO []

Home Address: _____

& Phone Number: _____

Date of Birth/Age: _____ Occupation: _____

Date and Time of Incident: _____ Type of Activity: _____

Location of Incident: _____
(full Address Please) _____

To whom was the incident reported? _____

Address & Phone No. _____

Date Reported: _____ Time Reported: _____

Give full description of incident: _____
(Attach n internal investigations/reports) _____
(Continue on a separate sheet if necessary) _____

Nature and full extent of injury/ damage to property (Please be as specific as you can) _____

Did the injured person: Go Home [] Visit a Doctor [] Go to A&E [] Stay in Hospital []

Name of Doctor/Hospital: _____

What treatment was given: _____
(Please give details) _____



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Name of Witnesses

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Who was in charge? _____ Position _____

Address _____

Was the incident caused by a defect in any equipment? YES [] NO []

If yes please specify: _____

(please retain any equipment involved in the incident pending further instructions from the IAWA)

How can a re-occurrence of the incident be prevented? _____

Name, address & telephone number of the Coach or person who can provide, if necessary, further information

Was there any CCTV footage, Photos or Video footage taken of the incident? YES [] NO []

If yes, please send on a copy with this form

I confirm that the particulars given herein to be true to the best of my knowledge and belief

Head Coach/ Club Chairman/President/ Person in charge

Signed _____ Date _____

Address _____

Phone No _____ Email _____