



Ahane National School,  
Laught,  
Lisnagry,  
Co. Limerick.

Tel: +353 (0) 61 335 101  
Email: office@ahanenationalschool.ie  
Roll number: 16508 C

## ACCIDENT REPORT FORM

The following particulars of **ALL** accidents must immediately be reported to the Principal/Chairperson of the Board of Management

1. Place where accident occurred:  
\_\_\_\_\_
2. Date and time of accident:  
\_\_\_\_\_
3. State cause of accident:  
\_\_\_\_\_  
\_\_\_\_\_
4. Give detailed account of accident  
stating as fully as possible the nature  
and result:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Did the injured person cease class/work?  
\_\_\_\_\_



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6. Name and address of person injured:

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7. Name and address of witness of accident:

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8. Name of person in charge at time when accident occurred:

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Signature:

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**Signature of Principal Teacher:**

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**Date:**

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The Insurance Company issues its own Report Form  
It is useful to have copies of the Form available to the Principal Teacher of the school