

Incident report form

Your contact details	
Full name:	
Contact number:	
Email address:	
ncident information	
Date & time:	
Venue:	
Description:	
Outcome:	
Additional information	
Near miss:	
Primary rowing club involved:	

Other club(s) involved:
Exact location (Google Maps Digital Coordinates):
Boat(s) involved (tick all that apply):
□ 8+
4x
☐ 4x+
☐ 4+
<u></u> 4-
2x
1x
Other
□ N/A
DRC boat(s) involved (list names):
Type of water:
Tidal water:
T
Tide state:
Weather conditions (check all that apply) (tick all that apply):
☐ Calm
Raining
☐ Thunder ☐ Lightning

Foggy
☐ Dark
Light
□ N/A
Has this incident been verbally reported to the Club Captain/s:
Activity type:
First aid / medical treatment required:
Damage to equipment:
Damaged equipment type (tick all that apply):
☐ Boat/s
☐ Blade/s
☐ Rigger/s
☐ Third Party
Other
□ N/A
Likely cause of this incident:
Measures taken (FOR OFFICIAL USE ONLY):
Consequences (FOR OFFICIAL USE ONLY):
People involved
Full name:
Contact number:
Email address:

Role (please circle):	Complainant	Official	Person involved	Witness
Full name:				
Contact number:				
Email address:				
Role (please circle):	Complainant	Official	Person involved	Witness
Full name:				
Contact number:				
Email address:				
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Full name:				
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