

Boat(s) involved (tick all that apply):

8+

4x

4x+

4+

4-

2x

2-

1x

Other

N/A

DRC boat(s) involved (list names):

Type of water:

Tidal water:

Tide state:

Weather conditions (check all that apply) (tick all that apply):

Calm

Windy

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:

Role (please circle): Complainant Official Person involved Witness

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