

Incident report form

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

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Exact location (Google Maps Digital Coordinates):
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 treatm	nent required:				
Damage to equipment:					
Damaged equipment typ	e (tick all that appl	y):			
☐ Boat/s					
☐ Blade/s					
☐ Rigger/s					
☐ Third Party					
Other					
□ N/A					
Likely cause of this incid	dent:				
Measures taken (FOR O	FFICIAL USE ONLY):			
Consequences (FOR OF	FICIAL USE ONLY)				
People involve	d				
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	

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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