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:

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 treatment required:

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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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