

## Incident report form

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### Your contact details

Full name:

Contact number:

Email address:

### Incident information

Date & time:

Venue:

Description:

Outcome:

### Additional information

What Club, School or Organisation are you from::

What are you Reporting: (tick all that apply):

Near miss that could have been prevented

Property/equipment damage

Medical/injury

Collision

- Safety breach
- Inappropriate behaviour (eg. language;abuse;intentional wash)
- Inadequate lighting

**Please describe the weather and light conditions::**

**Type of boat(s) included::**

**If known, please list any injuries sustained::**

**If known, please list any property damage sustained::**

**Please outline any lessons learned from this incident::**

**Please provide suggestions on how to improve practices::**

**Other::**

## 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:**

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**Role (please circle):**      Complainant                      Official                      Person involved                      Witness

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