

Incident Report

Page 1: Summary of Incident

Overview of the incident and vessels and persons involved in the incident

Report prepared by:	Name: _____ YA No:
Mailing Address	
Email address	
Phone (Prv / Mbl / Bus)	
Event:	
Date of Incident:	
Vessel(s) involved:	
Location of incident:	
Nature of Incident: (Describe briefly)	- Refer to Page 2 where you may provide full details of the incident -
Were persons injured:	<input type="checkbox"/> Yes <input type="checkbox"/> No Number injured
Persons injured - 1:	Name: _____ YA No:
Mailing Address	
Email address	
Phone (Prv / Mbl / Bus)	
Details of injury	
Briefly describe action taken	Was First Aid or medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Persons injured - 2:	Name: _____ YA No:
Mailing Address	
Email address	
Phone (Prv / Mbl / Bus)	
Details of injury	
Briefly describe action taken	First Aid or medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note - Please add additional pages if more than 2 persons injured	

Page 2: **Description of Incident**

Please complete this page to describe what happened and your part in the incident.

What was your role:	<input type="checkbox"/> Competitor <input type="checkbox"/> Race Management <input type="checkbox"/> Spectator
Where were you when the incident happened	
What happened before the incident	
Describe the Incident As <u>you</u> saw it.	
Diagram of Incident. (if applicable)	
Describe the actions of rescue & recovery. (if applicable)	
Other witnesses - 1:	Name: _____ YA No:
Contact details (Email / Phone)	
Other witnesses - 2:	Name: _____ YA No:
Contact details (Email / Phone)	

Page 3: **Other Information**

Please provide details of damage to vessels, loss of property and information to assist in future incidents

Vessels Damaged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vessel 1:	Name: _____ Sail No:
Details of damage	
Vessel 2:	Name: _____ Sail No:
Details of damage	
Protest lodged:	<input type="checkbox"/> Yes <input type="checkbox"/> No Lodged at Club
	Note - Please add additional pages if more than 2 vessels involved
Other Equipment Damaged or Lost	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vessel 1:	
Vessel 2:	
	Note - Please add additional pages if more than 2 vessels involved

Recommendations to Prevent Similar Incidents	
Please make any recommendation that may assist to prevent a similar incident	
Actions by vessel Helmsman & Crew:	
Actions by Race Officials:	
Actions by Rescuers:	
Signature:	Date:

Thank you for taking the time to provide this report of the incident.

Please return this document to the [Yachting Operations Manager](#), Royal Freshwater Bay Yacht Club