

Incident report form

Your contact details
Full name:
Contact number:
Email address:
Incident information
Date & time:
Venue:
Description:
Outcome:
Additional information
Additional information
What Club or School are you from:
Where was the other person/people from:
Type of boat:

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What are you Reporting	(tick all that apply):					
Near miss that could h	ave been prevented					
Equipment damage						
☐ Injury to somebody inv	olved					
Collision						
Safety Breach						
Disregard of River Traffic Rules						
☐ Inappropriate Behaviour (eg: language; abuse; intentional wash)						
Lights						
Other:						
People involved	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		
Full name:						
Contact number:						
Email address:						
Role (please circle):	Complainant	Official	Person involved	Witness		
Full name:						
Contact number:						

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