

Rowing Canada Aviron - Incident Report Form

This form is to be completed by a rowing club or regatta organizer whenever there is an incident during a rowing activity involving injury to a person or damage to equipment <u>not owned</u> by the club/regatta organizer.

When completing this form or interviewing witnesses to determine what happened be extremely conscious of the need for a factual description without assignment of blame, explicit or implied, and without admission of fault. Attach extra sheets if needed. The completed form should be sent immediately by e-mail to Alethia Clarke, RCA Member Services Coordinator: aclarke@rowingcanada.org

Na	ame of Member Organi	zation reporting the incident:	
Co	ontact person reporting	g the incident:	
Nā	ame:	Position/Role:	
Αc	ddress		
Te	elephone: Cell:	Home: E-mail:	
Ná	ames of those involved	in the incident (including third parties)	
1.	Name:	Club	
	Address:		
	Phone:	E-Mail:	
2.	Name:	Club	
	Address:		
	Phone:	E-Mail:	
3.	Name:	Club	
	Address:		
	Phone:	E-Mail:	

Da	ate and time of incident: 2	.0		am/pm	
W	here did incident occur?				
Di	d the incident occur during a regatta,	traini	ng or otherv	vise (specify)?	
Lis	st any injuries, where they were treate	ed and	by whom: _		
_				·	
_					
Lis	st any damage to boats and property:	· 			
_					
_					
de of	ease describe the incident. State only termine who, if anyone, might have be ficial's signals or instructions – the creclude a description of the weather, visawings, diagrams, and photographs if	een at w ma sibility	t fault (e.g., o y not have s , water and	do not say that a crew "ignore een or heard them). current or tide conditions. Atta	
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_					
_ Lis	st witnesses:				
1.	Name:	Club			
	Address:				
	Phone:				
2.	Name:	Club			
	Address:				
	Phone:				

3.	Name:	Club		
	Address:			
	Phone:		E-Mail:	
4.	Name:	Club		
	Address:			
	Phone:		E-Mail:	
5.	Name:	Club		
	Address:			
	Phone:		E-Mail:	
			l (e.g., police, harbor commission, coast g	
2.	Agency:Badge number:	Officer's name		
Si	<u>gnatures</u>			
Member Organization official:			Print name:	
Person reporting the incident:			Date	