

# Serious Incident Report

*(Injury needing medical care, support needed from another craft, waka cannot be paddled to marina)*

## Details of person completing this form:

Name: \_\_\_\_\_

Cell-phone No. \_\_\_\_\_

Name / type of club equipment this incident relates to: (e.g. Mangopare W6) \_\_\_\_\_

## When did the incident happen?

Date: Time: \_\_\_\_\_ am pm

Place: \_\_\_\_\_

**Details of incident:** *Explain what happened. More space is available overleaf for you to continue and give a sketch plan.*

## Conditions at time of incident: Please circle or highlight the answer:

Nearest High/Low Tide - High Tide \_\_\_\_\_ or Low Tide \_\_\_\_\_

TIDE neap (lowest diff) spring (biggest diff) ebb (going out) flood (coming in)

VISIBILITY Good Fair Poor Very Poor

CONDITIONS Clear Raining Fog Misty Dark

WIND (knots) 0-15 15-30 30-45 over 45

WATER calm moderate rough very rough

**Use of craft:** *Please circle or highlight the answer:* Training Racing

**Person in command:** *Name of person in charge when the accident happened:* \_\_\_\_\_

**Damage to craft:** *Give details of damage to craft – if necessary, continue over leaf or on a separate sheet.*

**Fault:** *Do you consider the accident to be the fault of any other person* Yes No

If "yes" please state:

Their name: \_\_\_\_\_ Tel.No. \_\_\_\_\_ Email: \_\_\_\_\_

Why do you consider them to be at fault? \_\_\_\_\_

Did they admit liability? Yes No

Details of damage to other property \_\_\_\_\_

Did anyone get hurt in the accident? Yes No

**Witnesses:**

Were there any witnesses to the accident? Yes No

If "yes" please state:

Witness name: Tel.No.

*(This should include any crew or passengers on your craft)*

**Sketch Plan of incident:** *(Plus any extra details)*

***NB Health and Safety needs to forward a copy of this to the Harbour Master***