

RUSSELL BOATING CLUB INCIDENT REPORT FORM



Event Name: _____

Date: _____ Time: _____

Location: _____

Name(s) of Person(s) Involved: _____

Boat Name & Sail Number (if applicable): _____

Skipper (if applicable): _____

Description of Incident:

Injury Details (if any):

Emergency Services Contacted? YES / NO

Action Taken:

Reported By: _____

Signature: _____