

Incident report form

Your contact details
Full name:
Contact number:
Email address:
Incident information
Date & time:
Venue:
Description:
Outcome:
Additional information
Role of person reporting (Coach, Cox, Crew):
Incident at Pre-dawn, Dusk or Poor light?:
If so, what lights were displayed by each party?:
YYRC boat(s) involved in the incident: Boat name(s):

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YYRC crew members in	the boat(s) at the tim	e of the inciden	ıt:					
Were other parties involv	ved in the incident?:							
If yes, what Club(s) and I	boat(s) were involve	d?:						
Were any injuries sustai	ned to anyone?:							
If any injuries were susta	ained, please provide	e details:						
List the damage sustaine	ed to boats or prope	rty:						
Have you exchanged con	ntact info? If so, plea	se provide deta	ails:					
Are there any additional comments you think could be useful:								
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:					
Email address:					
Role (please circle):	Complainant	Official	Person involved	Witness	

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