

INCIDENT REPORT

Name of Vessel..... Registration #..... Sail #.....

Date & Time of Incident Date Local Time

Location of Incident Long & Lat and Area

NameLong..... Lat.....

What happened, describe who what when where, How the incident occurred: -

If further space is required, please attach another page.

Causes: - Please state why you think the incident occurred: -

If further space is required, please attach another page.

Conditions

Circle one on each line

Sunrise	Morning	Afternoon	Sunset	Evening	Night	
Wind Direction Eg NE.....			Wind Speed <5Kts	5-15 Kts	15-25Kts	> 25 Kts
Estimated wind speedKts						
Swell / Waves in Meters			Direction eg NE.....			

Vessel Activity: --

Underway:- Sail or Motor Berthing Anchored Towing Berthed

Visual Conditions Brief description eg. light mist. Clear.

Crew Details: -

Number of Persons on Board.....

Number of persons who's Injuries required treatment or attendance of medical personnel eg more than basic first aid.

Number Crew Injured

Description of each person's Injuries. Prefix as Person 1 Person 2 etc

Person One

Person Two

If further space is required, please attach another page.

Name and contact Details including Mobile and Email of the Skipper / Yacht Master, and details of the owner if not the Skipper/Yacht Master.

Skipper/YM.....

MB.....Email.....

Owner.....

MB.....Email.....