



CAPITAL ROWING CLUB INCIDENT REPORT

DATE & TIME OF REPORT:

REPORTER'S NAME:

CRC PROGRAM AFFILIATION:

HOME ADDRESS:

PHONE:

EMAIL:

DATE & TIME OF INCIDENT:

LOCATION OF INCIDENT:

1. DESCRIBE FULL DESCRIPTION OF ALL EVENTS LEADING UP TO AND INCLUDING THE INCIDENT:

2. WITNESSES - INCLUDE FULL NAME, ADDRESS, PHONE AND ATTACH STATEMENT IF NECESSARY

1.

2.

3.

3. WHO RESPONDED TO THE INCIDENT - INCLUDE ALL PARTIES COACHES, TRAINERS, HARBOR PATROL, PARAMEDICS....

IF THERE WAS NOT AN INJURY INVOLVED, PLEASE SKIP TO QUESTION #8

4. IF AN INJURY WAS INVOLVED PLEASE PROVIDE THE FOLLOWING

INJURED PERSON'S NAME:

ADDRESS:

PHONE:

SEX: F OR M

MEMBER OF CAPITAL: Y OR N

5. DESCRIBE INJURY:

6. WAS FIRST AID REQUIRED?

7. WHO PROVIDED FIRST AID TREATMENT?

8. PLEASE LIST ALL THE CRC EQUIPMENT INVOLVED IN THE INCIDENT:

9. PLEASE DESCRIBE THE DAMAGE TO THE CRC EQUIPMENT:

10. PLEASE REPORT ANY IMMEDIATE WORK THAT WAS DONE TO REPAIR THE DAMAGE, HOW AND WHERE THE EQUIPMENT WAS LEFT AFTER THE INCIDENT.

11. NOTE WHAT YOU BELIEVE COULD BE DONE TO AVOID THIS TYPE OF INCIDENT IN THE FUTURE.

12. VERIFICATION STATEMENT: BY SIGNING THIS DOCUMENT, I VERIFY THAT THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

REPORTER'S SIGNATURE _____

DATE: _____

PLEASE PLACE A COPY OF THIS REPORT IN THE FILE CABINET IN THE CRC EQUIPMENT ROOM IN THE FOLDER MARKED "INCIDENT REPORTS." NOTIFY THE CRC VP OF OPERATIONS, CRC PRESIDENT, AND YOUR PROGRAM REPRESENTATIVE WHEN YOU HAVE COMPLETED AND FILED THE INCIDENT FORM.