LAST NAME: _____
DATE: _____
TYPE OF INCIDENT: _____

CEDAR ISLAND YACHT CLUB
INCIDENT REPORT FORM

This form is to be completed by the main member/volunteer who dealt with the situation whenever there is an incident which could include accidents with or without injury as well as facility or behaviour related incidents. When completing this form only include an actual factual description of the incident without assumptions or conclusions as to cause or responsibilities. Attach extra sheets if needed.
Forms should be completed within 24 hours and submitted to The Vice Commodore. Remember they are considered confidential and should be kept secure.

Person Involved
Name: _____ Program: _____

Parent Name if minor: _____

Address: _____ Age: _____

Phone: _____ E-Mail: _____

If second person involved in same incident (i.e. conflict)

Name: _____ Program: _____

Parent Name if minor: _____

Address: _____ Age: _____

Phone: _____ E-Mail: _____

Day and Date of incident: _____ Time: _____am/pm

Type of incident: _____ Program occurring at time of incident: _____

Where did incident occur? _____

Please describe the incident. State only the facts that you are sure of at the time. Include a description of the weather, visibility, and any other external factors. Attach drawings, diagrams and photographs if these will aid in the description.

_____

_____

_____

_____

_____

_____

_____

_____

_____

What was done to assist or respond to incident and by whom?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If medically related, was person advised to seek medical attention: _____

Was 911 called? YES NO
Police - Badge Number: _____ Name: _____
Ambulance - Badge Number: _____ Name: _____
Fire Unit Number: _____ Name: _____

Other Information From EMS Agencies:
_____
_____

List witnesses
(If not members or participants please include address, use separate paper if needed for additional).

Name: _____

Phone: _____ E-Mail: _____

Name: _____

Phone: _____ E-Mail: _____

Person Completing Report: (print) _____

Signature:_____ Date: _____
Please ensure reports are completed within 24 hours of incident and get forwarded to Vice Commodore

Revised Nov. 3, 2018