

1 Boathouse Drive
Melbourne VIC 3004
[T] +61 3 9650 1902
[F] +61 3 9639 3551
[W] www.mubc.asn.au
[ABN] 62045294018

INCIDENT REPORT FORM

Please complete this form to report any incident, collision or capsize.

Person reporting the incident: _____

Role of person reporting: _____

Address: _____

City/Town: _____ State: _____ P/code: _____

Tel (m): _____ Tel (h): _____

When did the incident occur? Date (dd/mm/yy): ____/____/____ Time: _____ am/pm

Where did the incident occur? _____

Name MUBC boat(s) involved in the incident: _____

Who was in the MUBC boat(s)? _____

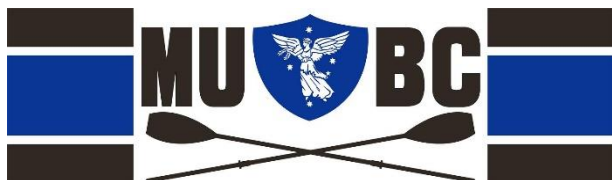
Were other parties involved in the incident? (please circle) Yes No

If yes, what club(s), and what boat(s) were involved? (e.g. Banks Masters 2-, Carey Boys 2nd 8+):

Where any injuries sustained to anyone? (please circle) Yes No

If so, who was injured, and what injuries were sustained? _____

List the damage sustained to all boats in the incident. Please be specific.



1 Boathouse Drive
Melbourne VIC 3004
[T] +61 3 9650 1902
[F] +61 3 9639 3551
[W] www.mubc.asn.au
[ABN] 62045294018

If the incident occurred at night or in poor visibility, what lights were displayed by each party?

Please give a full description of the incident. (Please include any relevant details regarding weather, wind, stream, tide, or traffic rules). Include a diagram in the box below if appropriate.

Are there any additional comments you think could be useful (e.g. witnesses and contact details)?

What actions can be taken to avoid repetition of the incident? _____

Reporting person signature: _____ Date: ____/____/____

Name: _____

Club Safety Advisor signature: _____ Date: ____/____/____

Name: _____

Copy to be sent to the RV Safety Advisor (within 14 days), as required by the MUBC Safety Management Plan, and copy placed on file with MUBC-employed staff.