

ROWING VICTORIA: INCIDENT REPORT FORM

Please note that all major incidents should be reported to your local water controlling body. Incidents that occur on Albert Park Lake, NWSC, Yarra or Maribyrnong Rivers should be reported to Parks Victoria on **131 963**

Date:

Time:

Location:

Particulars of Vessel No. 1 Person In Charge of Vessel Name : Club/School: Address: Contact No: Vessel Name: Vessel Type: <input type="checkbox"/> rowing boat: type _____ <input type="checkbox"/> open motor boat <input type="checkbox"/> cabin motor boat <input type="checkbox"/> auxiliary sail <input type="checkbox"/> inflatable craft <input type="checkbox"/> canoe/kayak <input type="checkbox"/> ferry <input type="checkbox"/> chartered boat <input type="checkbox"/> other (specify) _____		Particulars of Vessel No. 1 Person In Charge of Vessel Name : Club/School: Address: Contact No: Vessel Name: Vessel Type: <input type="checkbox"/> rowing boat: type _____ <input type="checkbox"/> open motor boat <input type="checkbox"/> cabin motor boat <input type="checkbox"/> auxiliary sail <input type="checkbox"/> inflatable craft <input type="checkbox"/> canoe/kayak <input type="checkbox"/> ferry <input type="checkbox"/> chartered boat <input type="checkbox"/> other (specify) _____	
WEATHER AND WATER CONDITIONS			
Weather Conditions : <input type="checkbox"/> clear <input type="checkbox"/> rain <input type="checkbox"/> cloudy <input type="checkbox"/> flood <input type="checkbox"/> hazy	Water Conditions: <input type="checkbox"/> calm <input type="checkbox"/> choppy <input type="checkbox"/> rough <input type="checkbox"/> very rough <input type="checkbox"/> strong current	Wind: <input type="checkbox"/> none <input type="checkbox"/> light <input type="checkbox"/> moderate <input type="checkbox"/> strong <input type="checkbox"/> storm	
NATURE OF INCIDENT			
Type of incident: <input type="checkbox"/> grounding <input type="checkbox"/> capsizing <input type="checkbox"/> swamping <input type="checkbox"/> sinking <input type="checkbox"/> (Fuel) Fire/Explosion <input type="checkbox"/> (Other)Fire/Explosion <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Hull Splitting <input type="checkbox"/> Other (specify) _____	What in your opinion caused the Incident (may mark more than one): <input type="checkbox"/> weather conditions <input type="checkbox"/> overloading <input type="checkbox"/> fault of machinery <input type="checkbox"/> improper loading <input type="checkbox"/> no proper lookout <input type="checkbox"/> fault of hull <input type="checkbox"/> hazardous waters <input type="checkbox"/> excessive speed <input type="checkbox"/> fault of equipment <input type="checkbox"/> lack of judgement <input type="checkbox"/> excess alcohol other (specify): _____ _____ _____		
INJURIES OR FATALITIES			
No. of fatalities:	Vessel 1 { }	Vessel 2 { }	other { }
No. of Serious Injuries:	Vessel 1 { }	Vessel 2 { }	other { }
No. of Minor Injuries:	Vessel 1 { }	Vessel 2 { }	other { }

INCIDENT DESCRIPTION: DESCRIBE WHAT HAPPENED (Sequence of events. Include failure of equipment. If diagram is needed attach separately or use back of this page. List any witnesses below who are prepared to give evidence)

DETAILS OF WITNESSES		
Name	Address	Telephone

PERSON COMPLETING REPORT

Name: _____ Telephone: _____

Address: _____

Signature : _____ Date: _____

FAX to RV on (03) 9421 2522

Parks Victoria inquiries 131 963

Rowing Victoria action:

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