

LAST NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_  
TYPE OF INCIDENT: \_\_\_\_\_



**Incident Report**  
**Leander Boat Club of Hamilton**  
**Version 1**  
**Approved: 23-Aug-2021**

*This form is to be completed by the main staff/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 be 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 Rowing Captain. 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.

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

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If medically related, was person advised to seek medical assessment: \_\_\_\_\_

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: \_\_\_\_\_

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Person Completing Report: (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please ensure reports are completed within 24 hours of incident and get forwarded to the XXXXXXXXXXXXXXX



**Incident Report Follow Up**  
**Leander Boat Club of Hamilton**  
**Version 1**  
**Approved: 23-Aug-2021**

*This form is to be completed by the main staff/volunteer who followed up with the individual.  
Attach extra sheets if needed.  
This should be kept with the original incident report form in a secure location.*

Person Involve

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Parent Name if minor: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Original Incident: \_\_\_\_\_

Date of Follow up: \_\_\_\_\_

Type of Connection (phone, email, in person): \_\_\_\_\_

Name of Person involved in follow up: \_\_\_\_\_

Describe how the person is following the incident or any information from the individual about the incident:

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Is any further follow up with the individual needed? If yes describe what:

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Person Completing Report: (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_