



## Community Rowing, Inc. Incident Report

This form is to be completed in the event of any on-water or off-water incident whereby any persons, rower, coach, staff, volunteer or visitor to Community Rowing, Inc is injured during a training session and/or competition; during volunteer, regular or special event duties while on Community Rowing, Inc. grounds or in the boathouse, or off premises while traveling or using Community Rowing, Inc. equipment or participating in a Community Rowing program.

Upon completion, submit form, in its entirety, to the CRI Executive Director.

**Date of Incident:** \_\_\_\_\_

### 1.0 PERSONAL DETAILS

#### 1.1 Person 1 Involved in Incident

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town/State/Zip: \_\_\_\_\_  
Club/School (if applicable): \_\_\_\_\_  
Purpose at/with CRI Day of Incident: \_\_\_\_\_

#### 1.2 Person 2 Involved in Incident

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town/State/Zip: \_\_\_\_\_  
Club/School (if applicable): \_\_\_\_\_  
Purpose at/with CRI Day of Incident: \_\_\_\_\_

#### 1.3 Other Persons Involved in Incident

Provide details as requested above using additional paper and attach to this report.

**2.0 INCIDENT PARTICULARS**

**2.1 Nature of Incident (check all that apply)**

- Collision between rowing vessels
- Collision between rowing vessel & fixed structure (i.e. bank/dock/etc.)
- Collision between rowing vessel and powered vessel
- Rowing vessels not obeying rules of the river
- Powered vessel not obeying rules of the river
- Obstructions present in rowing course
- Other (specify details using additional paper and attach to this report)

**2.2 Vessel Particulars Involved**

- Number of rowing vessels \_\_\_\_\_
- Type of rowing vessels (e.g. 1x, 2x, 4+) \_\_\_\_\_
- Number of powered vessels involved \_\_\_\_\_
- Type of powered vessels (e.g. ferry, barge, speed boat, etc.) \_\_\_\_\_
- Other non-powered vessels (e.g. canoe/kayak) \_\_\_\_\_
- Registration number \_\_\_\_\_
- Vessel name \_\_\_\_\_
- Other (specify details using additional paper and attach to this report)

**2.3 Incident Contributors (circle all that apply which in your opinion contributed to the incident)**

- |                        |                       |
|------------------------|-----------------------|
| Clear                  | Strong Current        |
| Rain                   | Strong Wind           |
| Fog/Haze               | Equipment Failure     |
| Flood                  | Safety Lights Failure |
| Choppy                 | Excessive Speed       |
| Rough/very rough water | Poor Judgment         |

Other (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **3.0 INJURY**

Describe in detail any injuries and required treatment (i.e. first aid required or ambulance called) as a result of the incident. Include number of fatalities if any occurred:

### **4.0 INCIDENT DETAILS**

**Date of Incident:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Use box below to describe incident.

Please describe in accurate detail and LEGIBLE print what happened. Include sequence of events, failure of equipment, inappropriate equipment, etc. to help describe the incident. Diagrams may be used. Please attach additional sheets as needed.

**5.0 WITNESSES**

No Witnesses

| Name | Address | Telephone |
|------|---------|-----------|
|      |         |           |
|      |         |           |
|      |         |           |
|      |         |           |
|      |         |           |

Report Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Person Completing Report: \_\_\_\_\_

Submit entire report by fax to: 617-779-8269 OR by mail to:

Executive Director  
Community Rowing, Inc.  
20 Nonantum Road  
Brighton, MA 02135

**6.0 INCIDENT ACTION**

| Action Description | By Who | Target Date | Finish Date |
|--------------------|--------|-------------|-------------|
|                    |        |             |             |
|                    |        |             |             |
|                    |        |             |             |
|                    |        |             |             |
|                    |        |             |             |
|                    |        |             |             |

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