



GEILSTON BAY BOAT CLUB (INC)

SAILING VESSEL INCIDENT REPORT

- a. Was any person injured requiring medical treatment? Yes/No
- b. Was there damage that affected any of the involved vessels' seaworthiness? Yes/No
- c. Was a commercial vessel involved? (ie charter/sail training vessel) Yes/No
- d. Was there damage exceeding 10% value of **ANY** vessel? (if no , report optional) Yes/No

Date: _____
Time: _____ Loc. Description: _____
Organisation: _____
Aquatic Licence # Conditions: (Wind dir, strength, waves) _____

Vessel 1 Details of Skipper/Master

Name: Sex:
Address:
Postcode:
Date of Birth:/...../..... Age:yrs
Phone: Mobile:
Experience sailing this type of vessel:yrs
Experience sailing in general:yrs
Boat Licence: Yes / No #.....

Details of Owner (if different from master)

Vessel 1

Name: Sex:
Address:
Postcode:
Date of Birth:/...../..... Age:yrs
Phone: Mobile:

Vessel Details

Name:
Rego / Permit No: Sail No:
Length: Division/Class:
Engine:

Vessel 1 Persons Aboard: Adults

Children (<12yrs).....

Vessel 2 Details of Skipper/Master

Name: Sex:
Address:
Postcode:
Date of Birth:/...../..... Age:yrs
Phone: Mobile:
Experience sailing this type of vessel:yrs
Experience sailing in general:yrs
Boat Licence: Yes / No #.....

Details of Owner (if different from master)

Vessel 2

Name: Sex:
Address:
Postcode:
Date of Birth:/...../..... Age:yrs
Phone: Mobile:

Vessel Details

Name:
Rego / Permit No: Sail No:
Length: Division/Class:
Engine:

Vessel 2 Persons Aboard: Adults

Children (<12yrs)

INCIDENT DETAILS

Please select one only - if more than 1 of these occurred please select one that occurred first.

Vessel 1

Collision Grounding Capsize Flooding
Sinking Swamping Structural failure
Person overboard
Other (please specify).....
Vessel Damage:.....
.....
Estimated Cost:
Point of Sail: Tack: Port/Starboard
Pos. in relation to other vessel: Windward/Leeward

Vessel 2

Collision Grounding Capsize Flooding
Sinking Swamping Structural failure
Person overboard
Other (please specify).....
Vessel Damage:.....
.....
Estimated Cost:
Point of Sail: Tack: Port/Starboard
Pos. in relation to other vessel: Windward/Leeward

WITNESSES:

Name:..... Name:.....
Contact #Vessel:..... Contact #Vessel:.....
Name:..... Name:.....
Contact #Vessel:..... Contact #Vessel:.....

INCIDENT DESCRIPTION - Please give a brief description & drawing of events leading up to & including incident & subsequent actions.

Drawing: Please include wind direction.

Name of Person Completing Report:

Date: