

Trentham Boat Club

Accident Record Form (none boat incident)

Report Number

About the person who had the accident

Name

Address

Contact number

Details of person reporting this incident

Name

Address

Contact number

Details of Accident/Injury

Date

Time

Where did accident/injury take place?

How did the accident happen?

What was the cause, detail any contributory factors (i.e. slip due to ice on path)

Details of accident/injury?

Details of treatment/ Outcome

First Aid		Advised to seek medical advise		Transported to accident unit		Ambulance only		Hospitalization	
Additional notes:									