



Victoria City Rowing Club
5100 Patricia Bay Highway
Victoria, BC, V8Y 2T6
Phone: 250-658-5331 Fax: 250-658-5361
E-mail: clubadmin@vcrc.bc.ca

Incident Report Form

- This form should be completed by anyone wishing to report an incident involving any person or group/crew/team affiliated with VCRC
- Please submit the completed form to your Attending Coach, or the Club Manager, within 24hrs of the incident's occurrence
- **If the incident involves an injury, please fill out the VCRC Injury Report Form AS WELL**
- This document is confidential when complete

Today's Date: _____

CONTACT INFORMATION

Your Name: _____

Phone No.: _____

Email: _____

Male Female

Age: _____

Program/Rowing Club: _____

Attending Coach: _____

INCIDENT INFORMATION

Date and Time of Incident: _____

Location of Incident: _____

Type of Incident (*check any/all that apply*)

- Incident/Collision on the lake
- Alleged Breach of Athlete Code of Conduct
- Alleged Breach of Coach Code of Conduct
- Injury



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Description of incident/circumstances: *(if more space is required, please complete a separate page and attach it to this report)*

When reporting collisions, please be as specific as possible, including; direction of travel, boat positions, any corrective action taken, weather conditions or other contributing factors, etc. If possible, please include a diagram.

ATHLETE/CREW INFORMATION

Athlete Name(s) *(If applicable, please list all involved and their seat numbers):*

Attending Coach's Name:

Boat Name(s):

Your Signature:

Date:

Parent/guardian name (if person less than 18 years old):

Parent/guardian signature:

Date:

Other Witnesses to Incident:

Phone/Email of Witnesses:

THANK YOU!



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**THE FOLLOWING IS FOR VCRC MANAGEMENT AND MEMBERS OF THE BOARD OF DIRECTORS TO
FILL OUT UPON RECEIPT OF THIS INCIDENT REPORT**

Date Incident Report Received in Office: _____

Club Manager's Action Report:

Club Manager Signature: _____ Date: _____

Date Incident Report Received by BOD's: _____

BOD's Action Report:

Signature of Director: _____ Date: _____

CONFIDENTIAL