BFSLYC Accident Report Form

Please ensure that this form is completely legible and is signed and dated

Name and location of Club	
3. Full name of the injured person (if applicable)	
4. Full address of the injured person (if	
applicable)	4
5. Date of accident	Time of accident
6. Nature of accident and extent of injury (including location on body):	
7. FULL details of the accident including;- how it happened, where it took place:	
8. What activity was being performed (eg free etc):	e sailing, taster, training, club racing, regatta,
9. Witness name(s) and address(es):	
•7	
10. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):	
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Police called: Yes / No	Ambulance called: Yes / No
Parent informed Yes / No	
11. Any Other actions?	