



THE SAILING CLUB, INC.

INJURY REPORT

INJURED:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

Trip or event _____

INSURANCE COMPANY _____

POLICY # _____

INJURY:

Describe injury _____

Where taken _____

Name of Physican/Hospital _____

Physican's diagnosis _____

First Aid administered by _____

Time First Aid administered _____ AM/PM

ACCIDENT:

Date _____ Time _____ AM/PM

Location of accident _____

Describe accident _____

Names, addresses, and telephone numbers of witnesses:

List below the weather conditions, water conditions, water temperature, air temperature, tide conditions, boat and equipment particulars:

Draw a diagram below if a collision was involved:

Report prepared by _____ Date _____

Signature _____

Reviewed by _____

Date _____

Signature _____

Additional Comments _____
