

**INCIDENT REPORT FORM –**  
**CONDUCT OF TOWING ACTIVITIES**

**1. INCIDENT DESCRIPTION**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location:

Inside Lagoon

Place: \_\_\_\_\_

Registration Number of Pleasure crafts: \_\_\_\_\_

Number of Persons on Board: \_\_\_\_\_

**2.—DETAILS OF INCIDENT**

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**3. SKETCH OF INCIDENT**



**4. PROBABLE CAUSES OF INCIDENT**

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**5. AT TIME OF INCIDENT, NUMBER AND PARTICULARS OF PERSONS AFFECTED BY THE INCIDENT**

<i>NAME</i>	<i>AGE</i>	<i>SEX</i>	<i>ADDRESS</i>	<i>TELEPHONE/ MOBILE NO.</i>	<i>DESCRIPTION OF VISIBLE INJURIES</i>

**6. PRELIMINARY ACTIONS TAKEN**

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**7. REGISTRATION NUMBERS OF OTHER PLEASURE CRAFTS INVOLVED, (if any)**

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**8 DESCRIPTION OF DAMAGE TO CRAFTS, (if any)**

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**9. WEATHER CONDITIONS AT TIME OF INCIDENT**

**WEATHER**

- Clear
- Cloudy
- Rain
- Fog

**WATER**

- Calm
- Rough
- Very rough
- Strong current

**VISIBILITY**

- Good
- Restricted

**Height of wave:** \_\_\_\_\_

**Wind Direction:** \_\_\_\_\_

**10 LAST ENTRIES RESPECTING SEA/WIND/VISIBILITY CONDITIONS IN LOG BOOK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. DETAILS OF ONSHORE “EMERGENCY CONTACT PERSON”**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone & Mobile Number: \_\_\_\_\_

**12 DETAILS OF PERSON IN CHARGE OF THE ACTIVITY AT TIME OF INCIDENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone & Mobile Number: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender:  Male  Female

**13(a). PARTICULARS OF SKIPPERS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone & Mobile Number: \_\_\_\_\_

**13 (b). PARTICULARS OF SKIPPER’S LICENCE**

Skipper’s Licence Number: \_\_\_\_\_  
Issued on: \_\_\_\_\_ Validity: \_\_\_\_\_

**13 (c). PARTICULARS AND QUALIFICATIONS OF OBSERVER.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14 PARTICULARS OF OTHER PERSONS WHO HAVE WITNESSED THE INCIDENT**

<i>NAME</i>	<i>AGE</i>	<i>SEX</i>	<i>ADDRESS</i>	<i>TEL/MOBILE NO.</i>

**15 DATE AND TIME WHEN DISCLAIMER FORM WAS SIGNED**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**16 DECLARATION** (To be signed by Person in Charge of activity at time of incident)

I declare that the information provided by me in this incident report form is true to the best of my knowledge and belief.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_