



Quinsigamond Rowing Club Incident Report Form

Reported by: _____ **Date of Report:** _____ **Date of Incident:** _____

Incident type: Accident ___ Injury ___ Equipment Breakage ___ Near Accident ___ Other ___

Location of Incident:

(Report approximate address. If incident occurred on water, nearby landmarks.)

Parties Involved: _____

Description of Incident: _____

Were police or emergency responders called? _____

Details: _____

(include name(s) of officers, precinct, and/or location of emergency care facility if applicable)

Follow-up Action: _____

Sign-off of QRC Board Member

Date