# MHYC Incident report

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| **Date of Incident** |  |  | **Name of Reporting Person** |  |
| **Time of Incident** |  |  | **Mobile Number** |  |

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| **Location of Incident** | |  | | | |
| **Description of Incident** | |  | | | |
| **Name of Injured Person/s** | |  | | | |
| **Mobile Number of Injured Person/s** | |  | | | |
| **Name of Boat (if applic.)** | |  | | | |
| **Owner’s Name & Mobile** | |  | | | |
| **Ambulance Required?** | | **Yes / No** | | | |
| **Hospitalisation?** | | **Yes / No** | | | |
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| **Response Agency Contacted** |  | | | **Name of Response Agency Officer** |  |
| **Time Response Agency Contacted** |  | | | **Position of Response Agency Officer** |  |

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| **NSW Maritime Incident Report Required?** | **Yes / No** |

**Notes / Other Actions**

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**MHYC Action and Follow-up**

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