

Cowan Lake Sailing Association Incident report

Date of incident _____

Person completing report: (name) _____

(phone) _____

(email) _____

Was this a scheduled event? Yes ☐ No ☐

Location of incident:

Describe incident:

Who was involved?

Name _____ Tel: _____ Injured: ☐ witness: ☐ Assisted: ☐

Name _____ Tel: _____ Injured: ☐ witness: ☐ Assisted: ☐

Name _____ Tel: _____ Injured: ☐ witness: ☐ Assisted: ☐

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Name _____ Tel: _____ Injured: ☐ witness: ☐ Assisted: ☐

Name _____ Tel: _____ Injured: ☐ witness: ☐ Assisted: ☐

After form is completed, please scan and send to "Safety@clsa.us"