

## Incident Report

Event \_\_\_\_\_

Date and Time of Incident \_\_\_\_\_

Venue: \_\_\_\_\_

### Boat Details

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

Owner: \_\_\_\_\_

### Drivers Details

Name: \_\_\_\_\_ Mob: \_\_\_\_\_

### Observers Details

Name: \_\_\_\_\_ Mob: \_\_\_\_\_

### Skiers Details #1

Name: \_\_\_\_\_ Mob: \_\_\_\_\_

### Skiers Details #2

Name: \_\_\_\_\_ Mob: \_\_\_\_\_

Name of the competitors to which the incident relates \_\_\_\_\_

Name of the SRA Member reporting the incident \_\_\_\_\_

Age of Competitor \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Mobile \_\_\_\_\_

**Incident Description** (to be completed by the competitors advising the incident)

If any question not applicable please indicate by NA.

Describe what happened:

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Where on the course did the incident occur? Provide a diagram below:

**Location of Incident**

- Rounding Buoy
- Traveling in a straight line
- Overtaking another boat
- Turning
- Finish Area
- Start Area

**Cause of Incident**

- Boat Spun
- Boat flipped
- Collision with other boat
- Hit submerged object
- Boat motor locked
- Boat steering failed
- Boat Hull broke up
- Boat hit cruiser / social boat wash
- Contact with propeller

Other – provide details

**Estimated Speed**

\_\_\_\_\_mph

**Skier Stance**

- Right Hand forward
- Left Hand forward
- Right Foot Forward
- Left Foot Forward

**Skier Fell**

- Forward
- Backwards
- Right Side
- Left Side

**Cause of Skier Fall**

- Lost control at speed
- Broken rope &/or handles
- Slack rope
- Hit submerged object
- Failure of ski
- Boat
- Wake of social boat

Other – provide details

\_\_\_\_\_

**Equipment Detail**

- New Ski **Make of Ski**.....
- New Boat
- New Rope
- New Handles
- Make of Helmet** .....
- Equipment age \_\_\_\_\_

**Level of Race Experience**

- New
- 15-40 hours
- 40-100 hours
- 100-500 hours
- Over 500 hours

**Regular Crew**

Yes / No  
 Length of time crew has competed together

\_\_\_\_\_

If no, which members of the crew do not regularly compete together?

Provide details \_\_\_\_\_

\_\_\_\_\_

**Conditions:**

- |                   |                                |                                   |                                     |                                     |                              |                               |
|-------------------|--------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|------------------------------|-------------------------------|
| <b>WEATHER</b>    | <input type="checkbox"/> Clear | <input type="checkbox"/> Overcast | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Hot | <input type="checkbox"/> Cold |
| <b>WATER:</b>     | <input type="checkbox"/> Calm  | <input type="checkbox"/> Choppy   | <input type="checkbox"/> Rough      | <input type="checkbox"/> Very Rough |                              |                               |
| <b>VISIBILITY</b> | <input type="checkbox"/> Glary | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair       | <input type="checkbox"/> Poor       |                              |                               |
| <b>WIND:</b>      | <input type="checkbox"/> None  | <input type="checkbox"/> Light    | <input type="checkbox"/> Mod        | <input type="checkbox"/> Strong     |                              |                               |
| <b>TIDE:</b>      | <input type="checkbox"/> Low   | <input type="checkbox"/> High     |                                     |                                     |                              |                               |

**Injuries:**

Details of the Injuries received:

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**Injuries caused by:**

- Hitting ski
- Hitting boat
- Equipment Fault
- Boat
- Helmet bucketing
- Hit water at high speed
- Rope around leg
- Rope around arm
- Going too fast
- Contact with engine
- Loose or broken boat objects
- Weather conditions
- Visibility
- Other, provide details

**Injured person treatment provided by:**

- Boat Crew
- Ambulance Officers
- Paramedic
- Doctors
- Hospital – **Medical Clearance to be provided**
- Other, provide details

**Competency Level / Previous History**

Has the competitor been injured whilst competing previously Y / N (circle what is appropriate)

If Yes, please provide details of previous injuries \_\_\_\_\_

Was treatment provided? \_\_\_\_\_

Was the competitor hospitalized as a result of these previous injuries Y / N

**Names & SRA Membership Number of the Race Committee**

Chief Judge \_\_\_\_\_

Is there any further information that is necessary to provide regarding this incident.

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Name of Person Making Report

Signed

Date

**IT IS THE RESPONSIBILITY OF THE ORGANIZING COMMITTEE AND THE CHIEF JUDGE TO ENSURE THAT A COPY BE FORWARDED IMMEDIATELY TO SKI RACING AUSTRALIA AND THE ORIGINAL OF THIS FORM IS RECEIVED BY SKI RACING AUSTRALIA WITHIN 7 DAYS FROM THE DATE OF THE INCIDENT.**

**Version: January 2024**