

**Bequia Sailing Club – Regatta Emergency Plan
ANNEX C
INCIDENT REPORTING FORM**

Name of injured party _____

Address and phone number _____

Boat name _____ Skippers name _____

Date and time of incident _____

Location of incident _____

Description of incident _____

Response to incident _____

If a medical issue, has the affected person discharged themselves? _____

Signed (participating boat) _____ Capacity _____

Date _____

Signed (BSC) _____ Capacity _____

Date _____