

BYC INCIDENT REPORT FORM

Date: Time: Reported by:

Vessel(s) involved:

Witnesses:.....

Nature of Incident (i.e. Collision, Man Overboard, Gear Damage, Personal Injury, Etc.):

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Description of Incident:.....

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Location:.....

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Time:

Weather Conditions:.....

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Could anything be done to prevent this incident from re-occurring?.....

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