

Accident/Injury Report or near miss

Date	
Time	
Name of injured person	
Phone/Mobile number Or Parent/Guardian Mobile	
Nature of Injury or near miss	
Circumstances or near miss (explain what happened)	
Location where accident/injury occurred	
Treatment required	
Name and contact details of first aider	
Names and contact numbers of witnesses	
<p>In the event of a significant or serious injury requiring hospital treatment - please contact:</p> <p style="text-align: center;">Alan Gibb 021 337746</p>	



WAKATERE BOATING CLUB

www.wakatere.org.nz