

APPENDIX G – ACCIDENT, INCIDENT AND INJURY REPORT FORM

Introduction

This form is to enable the collection and compilation of information and statistics about accidents, incidents and injuries involving canoes and kayaks and the paddling environment which result in death, injury, and damage, or which have the potential to do so.

All Instructors, Guides and Members of Australian Canoeing are encouraged to report Accidents, Incidents and Injuries that are directly related to paddling.

These details are monitored and kept for the benefit of the paddling community. No specific details of any accident, incident or injury will be released to the public.

Please complete the form to the best of your ability, making enquiries and investigations if necessary. Include more information in writing, with maps and diagrams and a covering letter outlining the event.

Please send in this form even if you know someone else is filling one out for the same incident. The more information, from as many sources, the better the understanding of the incident, and the better the measures that can be put into place to reduce further incidents.

Instructions

- Please note that all measurements should be in SI units only: metres, kilometres, kilograms, etc.
- Where only one person or boat is involved, tick the appropriate boxes. If two or more, use letters (A, B, C, etc) to distinguish the individuals.

1 Your details (the writer) and declaration			
I declare that all information contained in this Accident, Incident and Injury Report for Australian Canoeing to be true and accurate to the best of my knowledge at the time of submission and that I shall notify AC in the event of change of information.			
First Name	<input type="text"/>	Postal Address	<input type="text"/>
Last Name	<input type="text"/>		<input type="text"/>
Phone	<input type="text"/>	Suburb/Town	<input type="text"/>
Mobile	<input type="text"/>	State	<input type="text"/>
Email	<input type="text"/>		
Qualifications	<input type="text" value="1"/>	<input type="text" value="2"/>	
Your Involvement	<input type="text"/>		
Signature	<input type="text"/>		

2 If injury, information on injured party(ies) – if others, please use additional forms			
First Name	<input type="text"/>	Postal Address	<input type="text"/>
Last Name	<input type="text"/>		<input type="text"/>
Canoe Club Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suburb/Town	<input type="text"/>
Canoe Club	<input type="text"/>	State	<input type="text"/>
Age	<input type="text"/>	Sex	<input type="checkbox"/>
Physical Condition	<input type="checkbox"/> Fit	Weight	<input type="checkbox"/> Unfit
Swimming Ability	<input type="checkbox"/> Nil <input type="checkbox"/> Poor		<input type="checkbox"/> Fair <input type="checkbox"/> Good
Paddling Skills & Experience	<input type="checkbox"/> Nil <input type="checkbox"/> Inadequate For Context		<input type="checkbox"/> Adequate <input type="checkbox"/> Advanced
Previous Experience of Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Partner	<input type="text"/>
Clothing	Yes	No	Type
PFD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Outer shell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Inner layers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Spraycover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
			Comments
			<input type="text"/>

Brief details of the accident, incident or injury

3 Specific details of the accident, incident or injury

Date of occurrence / / **Time** am / pm
DD / MM / YY

Outcome of injuries:
Death Hospitalisation required Medical practitioner used Rehab treatment required (doctor, physio, chiro, etc.)

Damage to craft and equipment:
Loss Requires repair prior to future use Minor Notes:

Organisations involved:
Police Ambulance Fire Other
eg. State emergency services, volunteer coastguard, media

Name of Leader of Group Number in Party

Nature of the trip

- Private Club School Commercial Competition training
 Day Overnight Expedition

Perceived contributing factors

- | | | |
|---|---|---|
| <input type="checkbox"/> Poor planning | <input type="checkbox"/> Poor judgment | <input type="checkbox"/> Inexperience |
| <input type="checkbox"/> Inadequate skills | <input type="checkbox"/> Inadequate equipment | <input type="checkbox"/> Inadequate group rescue skills |
| <input type="checkbox"/> Lack of self-rescue skills | <input type="checkbox"/> Lack of rescue equipment | <input type="checkbox"/> Lack of rescue knowledge |
| <input type="checkbox"/> Group size too small | <input type="checkbox"/> Group size too large | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Other substance abuse | <input type="checkbox"/> Health problem | <input type="checkbox"/> Paddling alone |
| <input type="checkbox"/> PFD not worn | <input type="checkbox"/> Helmet not worn | <input type="checkbox"/> Hypothermia |
| <input type="checkbox"/> Other equipment missing | <input type="checkbox"/> Overloaded boat | <input type="checkbox"/> Unsuitable boat |
| <input type="checkbox"/> Conditions | <input type="checkbox"/> Other <input type="text"/> | |

Your comments on contributing factors

Nature of the incident

- | | | |
|---|--|--|
| <input type="checkbox"/> Flatwater | <input type="checkbox"/> Whitewater | <input type="checkbox"/> Estuary / Sea |
| <input type="checkbox"/> Capsize | <input type="checkbox"/> Collision with fixed object | <input type="checkbox"/> Collision with other boat |
| <input type="checkbox"/> Trapped in weir | <input type="checkbox"/> Trapped in stopper | <input type="checkbox"/> Trapped in hole |
| <input type="checkbox"/> Washed on to rocks | <input type="checkbox"/> Pinned on trees | <input type="checkbox"/> Pinned on boat |
| <input type="checkbox"/> Foot entrapment | <input type="checkbox"/> Capsized on snag | <input type="checkbox"/> Trapped under rock |
| <input type="checkbox"/> Equipment failure | <input type="checkbox"/> Broken paddle | <input type="checkbox"/> Hand caught in end loop |
| <input type="checkbox"/> Victim panicked | <input type="checkbox"/> Other <input type="text"/> | |

Rescue attempt Successful Unsuccessful Injury result of attempt**Your comments on the rescue process**

4 Boat(s)

Items	Yes	No	Type	Comments
Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Manufacturer <input type="text"/>
Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Materials <input type="text"/>
Cockpit/s	<input type="checkbox"/>	<input type="checkbox"/>	Bulkheads	<input type="checkbox"/> Integrated cockpit
Buoyancy materials	<input type="checkbox"/>	<input type="checkbox"/>	Polystyrene	<input type="checkbox"/> Other expanded plastics <input type="checkbox"/> Inflatable <input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	Adequacy	<input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient
Footrests/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Handholds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Decklines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Rudder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Retractable Fin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Spare Paddle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Compass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pump	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/> Hand <input type="checkbox"/> Electric <input type="checkbox"/> Foot
General condition	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Ownership	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/> Borrowed <input type="checkbox"/> Rented <input type="checkbox"/> Stolen
Paddle/s Type	<input type="text"/>			

5 Area

Name Location

Nearest landmark (Grid reference/latitude and longitude)

Distance of landmark Upstream Downstream

Distance from nearest safe landing Km

Distance from assistance Time Distance

River level Low Medium High Flood

Gauge measurement m at gauge Grade of rapid

Sea State Smooth Choppy Heavy

Wave Height m Swell m Surf m Lines m

Dumping Yes No Shore Beach Steep Beach Rocks Cliff

Any tide or current Tide Race Yes No

Weather Conditions

Wind Light Moderate Strong Gale Force

Sky Sunshine Cloud Overcast

Precipitation None Light Rain Heavy Rain Hail Snow

Air Temperature Very Cold Cold Medium Warm Hot

Water Temperature Very Cold Cold Medium Warm Hot

Forecast Warnings

Did the Group have the forecast Yes No

Had Plans and Instructions been submitted as appropriate (Float Plan) prior to departure:

6 Safety equipment – comment on any equipment that was used during the accident, incident or injury

Items	Yes	No	Comments
Repair kit	<input type="checkbox"/>	<input type="checkbox"/>	_____
First aid kit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency clothing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency food & water	<input type="checkbox"/>	<input type="checkbox"/>	_____
Towline (short or long)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Throwline	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other ropes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Karabiners, pulleys, etc	<input type="checkbox"/>	<input type="checkbox"/>	_____
Torch	<input type="checkbox"/>	<input type="checkbox"/>	_____
Flares	<input type="checkbox"/>	<input type="checkbox"/>	_____
EPIRB	<input type="checkbox"/>	<input type="checkbox"/>	_____
Radio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments of equipment failure

8 Return Address

Australian Canoeing
Manager – Canoe Education
PO Box 6805
Silverwater NSW 2128