

# 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.

<b>1 Your details (the writer) and declaration</b>			
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"/>		

<b>2 If injury, information on injured party(ies) – if others, please use additional forms</b>																																							
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="text"/> kg																																				
Swimming Ability	<input type="checkbox"/> Nil <input type="checkbox"/> Poor		<input type="checkbox"/> Unfit																																				
Paddling Skills & Experience	<input type="checkbox"/> Nil <input type="checkbox"/> Inadequate For Context		<input type="checkbox"/> Fair <input type="checkbox"/> Good																																				
Previous Experience of Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Partner	<input type="text"/>																																				
<table border="0"> <tr> <td>Clothing</td> <td>Yes</td> <td>No</td> <td>Type</td> <td>Comments</td> </tr> <tr> <td>PFD</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Helmet</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Outer shell</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Inner layers</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Footwear</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Spraycover</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Clothing	Yes	No	Type	Comments	PFD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Outer shell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Inner layers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Spraycover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>				
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Spraycover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>																																			

**Brief details of the accident, incident or injury**

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**3 Specific details of the accident, incident or injury**

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

**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**

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**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**


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**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"/>
Buoyancy materials	<input type="checkbox"/>	<input type="checkbox"/>	Polystyrene	<input type="checkbox"/>
	Adequacy		<input type="checkbox"/>	<input type="checkbox"/>
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"/>
General condition	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>
Ownership	<input type="checkbox"/>	<input type="checkbox"/>	Own	<input type="checkbox"/>
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:

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**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**

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**8 Return Address**

Australian Canoeing  
Membership/Administration Officer  
PO Box 6805  
Silverwater NSW 2128