



Emsworth Radio Sailing

Please submit this report as soon as possible after the event

Person Reporting

Full Name	Email	Telephone

Date of incident

Day	Month	Year

Date of this report

Day	Month	Year

Description of Incident, including date, time and place

Full Contact details of persons involved, including witnesses

Names of any injured person(s)

Details of injuries, including first aid

Names of person(s) administering first aid

Any other relevant information

Please mail this form to: ersmembers20@gmail.com