

Sail Chicago Incident/Accident Report

Please call the Safety Directors Immediately
Andy Miller: (630) 253-4134 or Michael Swisher: (708) 359-8278

Incident/Accident Details

Incident # | **Date/Time of Incident:**

All Boats Involved, Boat Names, Moorings, Location of Incident:

Skipper of Record of Sail Chicago boat (name, phone, e-mail):

Helmsman on Sail Chicago boat (name, phone, e-mail):

Crew/passengers on Sail Chicago boat (names, phone, emails):

Skipper of other boat (name, phone, email, name of boat):

Weather Conditions (wind speed/direction, gusts, wave height, etc.):

Complete Description of Incident (including all events preceding the incident – start from the beginning):

Description of damage to all boats/property involved (including potential damage like hard to steer, etc.):

List other Sail Chicago classes/boats out at the time of the incident?

Did they handle conditions differently?

What was your plan for the situation (plan to leave / return to the mooring, reduce sail/depower, aisle or channel to use, etc.):

Did something go wrong with plan? (bad plan, poor execution, unavoidable or unforeseeable conditions):

Injuries

Description of any injuries:

What caused the injury?

What circumstances led to the injury? Did the incident cause the injury? Could the injury have been avoided?

Was First Aid administered? If so, by whom?						
Were the injured taken to or asked to go to a doctor or hospital? Name of doctor or hospital?						
Incident/Accident Disposition						
Was anything learned by Skipper/Crew from the Incident/Accident? How could it have been avoided?						
Any additional statement from the Skipper?						
Was a Report made to the Harbormaster? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Time:						
I hereby certify that all information submitted on this form is true and accurate, to the best of my ability and recollection: (If submitting electronically just type name, enter date and press Submit)						
Signature of Skipper of Record: _____ Date: _____ (Pressing Submit will email this report to the Safety Directors. Please also forward it to your crew for their Signatures and any additional details)						
Signatures of crew (if crew agrees with skipper's descriptions. If they don't agree or have additional details, submit alternate Incident/Accident Report): (If possible, sign electronically in Acrobat)						
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Additional Information, after initial submission:						
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Insurance Information for Insurance Director:						
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Final Disposition:						
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