



# ROYAL CANADIAN MARINE SEARCH & RESCUE

## COLLISION, WRECK & INJURY REPORT

In every case of a claim for collision, wreck or injury, however minor, the **member** is required to complete this report within four days of the incident and forward it to the Administration office. **This report MUST be accompanied by an incident/training/special event report and if a collision/wreck, damage estimates and a damage pictorial form.** In urgent situations, it is advisable to telephone and then mail the report. Remember; **DO NOT COMMENCE REPAIRS WITHOUT AUTHORIZATION TO DO SO.**

Vessel Name:	Incident/Exercise Number:	DATE of OCCURRENCE:
Vessel's Insured Value:	Vessel Owner/Injured Member:	
Owner/Injured ID #:	Owner/Injured Telephone: Day – Alternate –	

Nature, extent and exact location of damage and/or loss to the vessel or details of personal injury (use pictorial for vessel damage):

Estimated Cost of Repairs: \$ \_\_\_\_\_

Events leading to accident or cause of accident: \_\_\_\_\_

Other person(s), vessel(s) or property involved: \_\_\_\_\_

### Other party information:

Name: \_\_\_\_\_ Phone: H - \_\_\_\_\_ Other - \_\_\_\_\_

Address: \_\_\_\_\_

Nature, extent and exact location of damage/or loss to the **other** vessel, property or details of personal injury (use pictorial if vessel):

Geographical location of incident: \_\_\_\_\_

Witnesses (if applicable, please provide name, address and phone of any witnesses):

Date of Report: \_\_\_\_\_

Signature: \_\_\_\_\_

**OFFICE USE ONLY**  
AUTHORIZATION NUMBER: \_\_\_\_\_