

WATER INCIDENT RESEARCH ALLIANCE
Forward Completed Reports To Fax # 1-866-221-5553

INCIDENT REPORT FOR LAND/AIR/WATER TRANSPORTATION INCIDENTS ONLY
(includes on-ice and near-water) WIRA File #:

Your File Number:	Your Tel. () -	WIRA Entered:
Your Name:		Your Agency:
Date DD/MM/YY / /	Time: : AM/PM	Light Conditions <input type="checkbox"/> light <input type="checkbox"/> dark
Name of specific location where incident occurred:		
First 3 digits of Postal Code of incident location:		
a) nearest city/town b) province/territory c) county/regional municipality d) name of body of water/facility		

VICTIM – if more than 4 victims, please add another sheet

Does the operator of the boat: hold an operator's card yes no unknown

Is the operator of the boat: experienced yes no unknown

OPERATOR	Residential Town/City & Province	Swimming Ability: <input type="checkbox"/> swimmer <input type="checkbox"/> non-swimmer <input type="checkbox"/> unknown	Type of incident? Specify from list under passenger # 3. <input type="checkbox"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	PFD/Lifejacket available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	PFD Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Cause of fatality/injury. Specify from list under passenger # 3, include all that apply. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If 'Z', please specify
	Worn Properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
PASSENGER #1	Residential Town/City & Province	Swimming Ability: <input type="checkbox"/> swimmer <input type="checkbox"/> non-swimmer <input type="checkbox"/> unknown	Type of incident? Specify from list under passenger # 3. <input type="checkbox"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	PFD/Lifejacket available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	PFD Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Cause of fatality/injury. Specify from list under passenger # 3, include all that apply. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If 'Z', please specify
	Worn Properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
PASSENGER #2	Residential Town/City & Province	Swimming Ability: <input type="checkbox"/> swimmer <input type="checkbox"/> non-swimmer <input type="checkbox"/> unknown	Type of incident? Specify from list under passenger # 3. <input type="checkbox"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	PFD/Lifejacket available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	PFD Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Cause of fatality/injury. Specify from list under passenger # 3, include all that apply. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If 'Z', please specify
	Worn Properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
PASSENGER #3	Residential Town/City & Province	Swimming Ability: <input type="checkbox"/> swimmer <input type="checkbox"/> non-swimmer <input type="checkbox"/> unknown	Type of incident? Specify from list under passenger # 3. <input type="checkbox"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	PFD/Lifejacket available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	PFD Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Cause of fatality/injury. Specify from list under passenger # 3, include all that apply. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If 'Z', please specify
	Worn Properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

Type of incident (Indicate type of incident for each victim above)

A - rescue only C - minor first aid only E - major injury (long-term hospitalization) G - presumed drown
 B - self-rescue D - minor injury (beyond first aid) F - fatality Z - other, specify

Cause of fatality or factors contributing to non-fatal incident/injury (Indicated factors for each victim above)

A - drowning C - not wearing PFD E - hypothermia G - trauma I - mechanical K - capsized M - personal
 B - non-swimmer D - drugs F - medical H - weather J - collision L - environmental N - equipment
 Z - other, specify

INCIDENT DETAILS

Transportation Type: Length _____ft raft canoe/kayak, specify _____ plane
 power < 10 hp sailboat rowboat vehicle
 power ≥ 10 hp PWC snowmobile/ATV, specify _____ other, specify _____

Alcohol involved: yes (known or suspected) no unknown **Snow/Ice involved:** yes no

Type of location (Check one answer only)

lake/pond/bay river/stream/creek/waterfall/rapids beach ocean other, specify _____

Purpose of victim's activity: (Check one answer only)

recreational occupational daily living activity attempted rescue

If recreational, specify activity of victim: (Check 1 or 2 answers)

pleasure powerboating/cruising/PWC water skiing/tubing/boarding fishing snowmobiling
 sailing canoeing/kayaking camp/lesson hunting
 other, specify _____

Weather/water: rough water cold water calm other, specify, _____

Safety Equipment used in the rescue: yes no if yes, specify _____

SYNOPSIS

In your own words write the details that would help explain what happened in the incident. – Add additional paper if required.