



**Submission:**  
 To Duty Desk after the race,  
 Fax to 401-537-9155

## NEWPORT BERMUDA RACE® 2010

Start Date: Friday, June 18, 2010

### ACCIDENT, GEAR FAILURE, INJURY AND ILLNESS REPORT

Owner/caaptain agrees with the Cruising Club of America's and/ or BROCC use of this information or any subsequent follow-up information for educational purposes. Personal confidentiality will be protected in any published material. Please clearly indicate if you are reporting more than one accident, injury or illness please use additional copies of this form. Thank You.

**BOAT NAME:** \_\_\_\_\_ **SAIL #** \_\_\_\_\_ **CLASS** \_\_\_\_\_ **LOA** \_\_\_\_\_

**No accidents, gear failure, injuries or illness encountered.**

**1. Withdraw from Race** \_\_\_\_\_ *(The US Sailing Withdrawal Form shall be filed with the Race Committee)*

**2. Accident** *(give details on reverse side)*

Man Overboard \_\_\_\_\_ Collision \_\_\_\_\_ Other \_\_\_\_\_

**3. Gear Failure** *(give details on reverse side)*

Boom \_\_\_\_\_ Mast \_\_\_\_\_ Steering \_\_\_\_\_ Preventer \_\_\_\_\_ Electrical \_\_\_\_\_ Engine \_\_\_\_\_ Other \_\_\_\_\_

**4. Injury**

**a. Type of injury**

fracture \_\_\_\_\_ Cut \_\_\_\_\_ Bruise \_\_\_\_\_ Scrape \_\_\_\_\_ Burn \_\_\_\_\_ Strain \_\_\_\_\_ Sprain \_\_\_\_\_ Don't Know \_\_\_\_\_  
 Other \_\_\_\_\_ Describe in lay terms: \_\_\_\_\_

**b. Location of Injury**

Eye \_\_\_\_\_ Face \_\_\_\_\_ Head \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_ Chest \_\_\_\_\_ Abdomen \_\_\_\_\_  
 Arm \_\_\_\_\_ Hand \_\_\_\_\_ Finger \_\_\_\_\_ Leg \_\_\_\_\_ Foot \_\_\_\_\_ Toe \_\_\_\_\_

**c. Contributing Factors**

Accidental jibe \_\_\_\_\_ Planned jibe \_\_\_\_\_ Collision \_\_\_\_\_ Capsize \_\_\_\_\_  
 Heavy weather \_\_\_\_\_ Describe \_\_\_\_\_  
 Equipment Failure \_\_\_\_\_ Describe \_\_\_\_\_  
 Fatigue \_\_\_\_\_ Sea Sickness \_\_\_\_\_  
 Illness \_\_\_\_\_ Specify \_\_\_\_\_  
 Crew Task \_\_\_\_\_ Hiking \_\_\_\_\_ Trapeze \_\_\_\_\_ Sail Change \_\_\_\_\_ Other (Specify) \_\_\_\_\_  
 Man Overboard \_\_\_\_\_  
 Other contributing factors (specify) \_\_\_\_\_

**5. Illness**

Appendicitis \_\_\_\_\_ Drowning \_\_\_\_\_ Ear infection \_\_\_\_\_  
 Heart attack \_\_\_\_\_ Hypothermia \_\_\_\_\_ Nose/sinus infection \_\_\_\_\_  
 Pneumonia/bronchitis \_\_\_\_\_ Sore throat \_\_\_\_\_ Seasickness \_\_\_\_\_  
 Sunburn \_\_\_\_\_ Urinary track infection/cystitis \_\_\_\_\_  
 Other illness (name or describe symptoms) \_\_\_\_\_

**6. Medical care**

\_\_\_\_\_ First aid on board yacht  
 \_\_\_\_\_ Medical assistance by radio  
 \_\_\_\_\_ Removed from vessel to: \_\_\_\_\_ hospital \_\_\_\_\_ emergency room \_\_\_\_\_ clinic \_\_\_\_\_ don't know

**7. Outcome**

Don't know \_\_\_\_\_ Permanent injury \_\_\_\_\_ Death \_\_\_\_\_ Resolved after 1 month \_\_\_\_\_  
 Resolved during race \_\_\_\_\_ Expect resolution within: days to weeks \_\_\_\_\_ months \_\_\_\_\_

**8. Was the accident, gear failure, injury or illness preventable?** \_\_\_\_\_

How? \_\_\_\_\_

**Signature (Owner or Captain):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ORGANIZED BY THE CRUISING CLUB OF AMERICA AND THE ROYAL BERMUDA YACHT CLUB**