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Due within 18 hours of finishing.

NEWPORT BERMUDA RACE® 2012
ACCIDENT, GEAR FAILURE, INJURY AND ILLNESS REPORT

Owner/Captain agrees to the Cruising Club of America's use of this information for educational purposes. Please use a separate form for each injury or illness. When reporting seasickness, multiple cases may be indicated by writing the number of crew. Thank you.

YACHT NAME: _____ SAIL #: _____ CLASS: _____ LOA: _____

Check all that apply:

1. ☐ **Retired / Did Not Finish.** *(Complete the online form at: http://offshore.ussailing.org/SAS/SAS_Withdrawal.htm.)*

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 ❑ broach
      ❑ heavy weather, describe: _____
      ❑ equipment failure, describe: _____
      ❑ fatigue ❑ seasickness; number of cases: _____
      ❑ illness, describe: _____
      ❑ crew task ❑ hiking ❑ trapeze ❑ sail change ❑ other _____
      ❑ man overboard
      ❑ other contributing factors, describe: _____

5. ☐ **Illness**
   ❑ appendicitis ❑ drowning ❑ ear infection
   ❑ heart attack ❑ hypothermia ❑ nose/sinus infection
   ❑ pneumonia/bronchitis ❑ sore throat ❑ seasickness; number in crew who were seasick: _____
   ❑ sunburn ❑ urinary tract infection/cystitis
   ❑ other illness (name or describe symptoms): _____

6. **Medical care**
   ❑ shipboard first aid ❑ medical assistance by radio
   ❑ removed from yacht to: ❑ hospital ❑ emergency room ❑ clinic ❑ don't know
   ❑ removed from yacht by (helo, vsl, ambulance etc.): _____ date/time: _____

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?** ❑ No ❑ Yes (describe how on reverse)

➢ **The foregoing occurred at _____ hrs. on June ___ , 2012, near _____.**

☐ **We finished the race without experiencing an accident, gear failure, injury or illness.**

x _____
Owner or Captain Date

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