



## INCIDENT REPORTING FORM

Incident Date: \_\_\_\_\_

Incident Time: \_\_\_\_\_ am / pm

Incident Location: \_\_\_\_\_

Observed Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vessel/Vehicle Description:

Registered Owner/Operator (if known): \_\_\_\_\_

Vessel License No. / Vehicle License No.: \_\_\_\_\_ Make: \_\_\_\_\_

(Example 13K1234 or BC1234)

Colour/s: \_\_\_\_\_ Length: \_\_\_\_\_ Breadth: \_\_\_\_\_

Propulsion: (circle one) Outboard Inboard Jet Sailing Other: \_\_\_\_\_

Number of People Onboard: \_\_\_\_\_

Operator Details:

M/F	Age	Weight	Hair	Height
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Operators Clothing: \_\_\_\_\_

Other Descriptors: \_\_\_\_\_

### MANDATORY FIELDS

If this matter proceeds to court, are you prepared to give evidence? (circle one) YES / NO

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

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

Fax to: City of Vernon Community Policing Office (250) 260-5866

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