GENESEE WATERWAYS CENTER

INCIDENT REPORT FORM

Date of report: _____

Time: _____ AM / PM

Nature of Incident: ☐ Personal Injury ☐ Equipment damage/malfunction ☐ Facility Maintenance

☐ Capsize ☐ Collision ☐ Unsafe practice

☐ Other: _____

Date of incident: _____ **Time incident occurred:** _____ AM / PM

Person reporting incident or concern: _____

Contact phone: _____ CELL / HOME / WORK

Describe what happened:

Location of incident or damage: _____

Individuals involved (if any)**:** _____

Actions taken at the time of the incident:

Follow up requested:

GWC Contacts:

GVP Boathouses:
Cindy Stachowski
EXECUTIVE DIRECTOR: 585.328.3960

EMERGENCY: CALL 9-1-1

Lock 32 Whitewater Park:
Paul Twist
KAYAK COORDINATOR: CELL 585.313.8035

Follow up action: _____

_____

Date/Time: _____ GWC Representative: _____