Strada Injury Record Sheet – recreational boat

Information for the patient: To be completed by patient injured in connection with recreational boating. All injuries that occur on board or on a jetty on the way to or from a recreational boat are of interest. The information is collected in accordance with the Act on the Swedish Transport Agency's Accident Database (2021:319). Filling in the Injury Record Sheet is voluntary, but your information will be an important contribution to our work towards a safer boating environment.

Date and time of the accident Date (year/month/day) Time/::::::	Name and Swedish personal identity number (if applicable)
Arrival at the hospital	Citizenship:
Date (year/month/day) Time: Arrived by	Contributing factors ☐ Wind ☐ Heavy sea ☐ Nothing of note ☐ Other:
☐ Ambulance ☐ Helicopter ☐ Other:	Description of the accident
Accident location (Please refer to known landmarks, islands, harbours etc. Give latitude and longitude if known.)	
Type of accident	
 ☐ Under way using engine ☐ Under way sailing ☐ In harbour (see Accident in harbour / Berth / Harbour type) ☐ Launching/retrieval ☐ Grounding ☐ Collision ☐ Water skiing or similar water activities 	How could the accident have been avoided?
☐ Fire ☐ Other:	Boat type:
Accident in harbour Walking to or from boat On departure While berthing	□ Dinghy □ Sailboat □ Canoe (kayak) □ SUP/Paddleboard □ Motorboat □ Water scooter (Jetski of similar) □ Other: □ Watersports (e.g. Water // Windsurfing/Surfboard)
 ☐ On board the boat ☐ Jumping from boat to jetty ☐ Jumping from jetty to boat ☐ Jumping from boat to land/cliffs ☐ Jumping from land/cliffs to boat ☐ Other: 	Boat data Boat length in meters: or feet Unknown length Top speed, in knots: Unknown top speed
Berth	Safety equipment (of significance for the occurrence)
 □ Berthed alongside □ Berth had Y-booms □ Berth had mooring buoys □ Berth had pile mooring □ Anchor □ Mooring line □ Swing mooring □ Other: 	Life jacket
Harbour type ☐ Home port ☐ Natural harbour ☐ Other:	My role on board at the time of the accident ☐ Person in charge/boat owner ☐ Active crew ☐ Passive passenger

Have you had an accident involving a recreational boat? Have you been injured on board or on your way to or from a boat? Fallen over on the jetty?

In that case you can help us prevent it happening to others!

This emergency room cooperates with the Swedish Transport Agency to reduce the number of people injured while boating, but we need your help. We believe that the injured persons themselves are the ones best suited to describe what happened and why. By giving us your account, you will help us get a clearer picture of how many people are injured while boating, and how and why they are injured. The information you share with us will be kept in *Strada*, a national database of injuries and accidents. The data collection serves three purposes:

- Plan, follow-up, evaluation and quality control: Municipalities, boat clubs and other organizations have an interest in understanding what happens, what causes the accidents, and what can be done to improve the safety of harbours and maritime installations used by recreational boaters.
- Research on boat safety: Universities, research institutions and the industry use the information to contribute towards safer boats and boating.
- Statistics: The information is used for follow-up of the Swedish transport policy goals. It is also for international comparisons.

To contribute, please hand your completed form to an emergency room representative. Thank you for your help and cooperation!

Where did the accident occur, and what happened?

In order to find out where we have to improve safety, we need to know as exactly as possible where the accident occurred. If you know the coordinates of the place, please state them on the form.

In addition to giving us information about the boat, we would be very grateful if you could sketch out the area where the accident happened, with names of islands, harbours, landmarks or other objects that can help us find the place. Write a short description of what happened before, during and after the accident. Also, we are very interested in finding out how you think the consequences of the accident might have been made less severe, or how the accident could have been avoided altogether.

Supplementary information

The information that you give us here will supplement the medical records concerning your accident. Filling out this form is optional, but if you do, it will give us valuable information that we can include in the national database *Strada*, mentioned above. Please return your completed Injury Record Sheet to staff in the emergency room!

Important information

The information you give is collected in accordance with the Act on the Swedish Transport Agency's accident data base (2021:319). Your information will be protected in accordance with that act and with the EU's General Data Protection Regulation as well as with the Swedish Public Access to Information and Secrecy Act (2009:400). After special consideration, the information you give may be used for research purposes, and in that case it may be matched with information in other registers. The Swedish Transport Agency is responsible for the processing of personal information. If you have any questions about this, you are welcome to contact us: Telephone: +46 (0)771 503 503 (Ask to be put through to the data protection officer.) E-mail: kontakt@transportstyrelsen.se

Would you like to know more about Strada? Go to <u>www.transportstyrelsen.se/STRADA</u> or call the Swedish Transport Agency at 0771-503 503

