INCIDENT REPORT FORM

INSTRUCTIONS

It is important to have written incident reports on file regarding injuries (to participants, spectators, coaches, or other volunteers), property damage or other incidents that may result in a liability claim against your club, LMSC or U.S. Masters Swimming. Liability claims usually allege negligence, and written reports prepared immediately after an incident occurs are invaluable in defending these types of claims.

So that key information is recorded, U.S. Masters Swimming has developed an Incident Report form for this purpose.

Examples of incidents which need to be reported include, but are not limited to, the following:

- Bodily Injury or Illness
- Fatality
- Property Damage
- Missing Person(s)

The Incident Report form should be completed at the time of an accident, injury or other incident during a U.S. Masters Swimming sanctioned or approved activity/event. This report is to be completed by:

- **Coach or Official**: For incidents occurring during regular club/LMSC activities, including practices, competitions, camps or clinics.
- **Coach or Director**: For incidents occurring during other sanctioned or approved club activities or events.

Please be certain to fill out the Incident Report form completely and accurately. Prompt reporting of incidents provides the insurance company with a head start in evaluating and resolving these matters, where possible, and ensures that the strongest possible defense can be provided to the LMSC, Club/Workout Group and/or Event Organizer in the event that a claim or lawsuit is filed. Attach any additional information that might be helpful in defense of a future claim, such as: police report, pre-event inspection report, photos taken at the time of the incident, and written statements of witnesses.

**Completed Incident Report forms should be submitted as soon as possible to:**

USMS National Office
655 North Tamiami Trail
Sarasota, FL 34236
[USMS@usms.org](mailto:USMS@usms.org) Email
(800) 550-SWIM (7946) Phone
(941) 556-SWIM (7946) Facsimile

Revised 1/1/2014
INCIDENT REPORT FORM
General Liability Policy SI8ML00043-141
(Page 1 of 2)

This form should be completed by an Club Official, Coach or Event Director at the time of an Accident, Injury or Other Incident during a U.S. Masters Swimming sanctioned or approved event/activity.

CLUB AND SANCTIONED EVENT/ACTIVITY INFORMATION:

Club/Workout Group Name: ____________________________ Membership #: __________________
Event/Activity Name (If applicable): ______________________ Date(s) of Event: ________________
Type of Event/Activity: ☐ Pool ☐ Open Water ☐ Other: ____________________________
Description of Event/Activity: ☐ Competition ☐ Practice ☐ Camp/Clinic ☐ Other: __________________________
Name and Address of Facility/Venue (where event took place): __________________________

SUBJECTS INVOLVED (attach additional reports if more than one person was involved):

Name of Party Involved: ____________________________ Date of Birth: __/__/______ ☐ Male ☐ Female
Home Address: ______________________________________ Tel.: (___) _____________
Name of Parent/Legal Guardian (if minor): ____________________________ Tel.: (___) _____________
USMS Member? ☐ Yes ☐ No ☐ Not Sure Membership #: ____________________________
Type of Individual: ☐ Participant (Adult) ☐ Coach ☐ Official ☐ Volunteer ☐ Spectator ☐ Other: ____________________________
Signed Waiver & Release: ☐ Yes ☐ No (Note: Signed waivers are required for all participants in sanctioned events)

DESCRIPTION OF ACCIDENT/INCIDENT/INJURY/ILLNESS (check all that apply):

<table>
<thead>
<tr>
<th>Type of Incident</th>
<th>Incident Location</th>
<th>Outdoor Conditions (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bodily Injury or Illness</td>
<td>☐ Pool/Competition Area</td>
<td>☐ Dry/Normal</td>
</tr>
<tr>
<td>☐ Fatality</td>
<td>☐ Restrooms/Lockers</td>
<td>☐ Wet/Rainy</td>
</tr>
<tr>
<td>☐ Property Damage</td>
<td>☐ Bleachers/Stands</td>
<td>☐ Muddy</td>
</tr>
<tr>
<td>☐ Missing Person(s)</td>
<td>☐ Concession Area</td>
<td>☐ Icy</td>
</tr>
<tr>
<td>☐ Theft</td>
<td>☐ Admission Area</td>
<td>☐ Other</td>
</tr>
<tr>
<td>☐ Other: ______________</td>
<td>☐ Storage Area</td>
<td>______________</td>
</tr>
<tr>
<td>☐ Parking Lot</td>
<td></td>
<td>______________</td>
</tr>
<tr>
<td>☐ Other: ______________</td>
<td></td>
<td>______________</td>
</tr>
</tbody>
</table>

Weather | ☐ Calm | ☐ Other |
| ______ | ______ |

Water | ☐ Choppy | ☐ Other |
| ______ | ______ |

Date of Incident: _______________ Time of Incident: ___________ ☐ AM ☐ PM

Did the incident occur during a U.S. Masters Swimming (USMS) sanctioned event or approved activity? ☐ Yes ☐ No

If yes, were all participants in the event activity currently-registered members of USMS? ☐ Yes ☐ No ☐ Not Sure

Describe what happened, including location and nature of incident, injury or damage. (Attach a separate sheet, if necessary):

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________

Public Agencies Responding to the Incident (if any):

☐ Police: ______________________ ☐ Fire Dept.: ______________________ ☐ EMT/Ambulance: ______________________

Police Report Filed? ☐ Yes ☐ No If Yes, Police Report #: ______________________

Revised 1/1/2014
# INCIDENT REPORT FORM (Page 2 of 2)

## MEDICAL TREATMENT AND DISPOSITION (if applicable):

<table>
<thead>
<tr>
<th>Medical Treatment Required?</th>
<th>Type of Medical Treatment Required?</th>
<th>Medical Condition and Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Yes</td>
<td>❑ Basic First Aid Only</td>
<td>❑ No care given (not needed)</td>
</tr>
<tr>
<td>❑ No</td>
<td>❑ Medical Care (Emergency)</td>
<td>❑ No care given (patient refused)</td>
</tr>
<tr>
<td>❑ No</td>
<td>❑ Medical Care (Non-urgent)</td>
<td>❑ Released</td>
</tr>
</tbody>
</table>

### Injury/Illness

- ❑ Abrasion
- ❑ Burn
- ❑ Concussion
- ❑ Dislocation
- ❑ Fracture
- ❑ Heat Exhaustion
- ❑ Illness
- ❑ Laceration
- ❑ Nausea
- ❑ Pain
- ❑ Seizures
- ❑ Sting/Bite
- ❑ Sprain
- ❑ Strain
- ❑ Other

### Body Part Injured

- ❑ Head
- ❑ Neck
- ❑ Back
- ❑ Hip (L/R)
- ❑ Arm (L/R)
- ❑ Shoulder (L/R)
- ❑ Elbow (L/R)
- ❑ Wrist (L/R)
- ❑ Hand (L/R)
- ❑ Finger
- ❑ Leg (L/R)
- ❑ Knee (L/R)
- ❑ Ankle (L/R)
- ❑ Foot (L/R)
- ❑ Toe
- ❑ Internal
- ❑ No Injury
- ❑ Other

### Disposition

- ❑ Released
- ❑ Released to Parent
- ❑ Referral to Doctor
- ❑ Referral to Hospital
- ❑ EMS Transport to: __________________

## WITNESS INFORMATION:

**WITNESS #1:**

- ❑ Athlete
- ❑ Coach
- ❑ Official
- ❑ Volunteer
- ❑ Spectator
- ❑ Other: __________________

Name of Witness: ___________________________ Date of Birth: ___/___/______ ❑ Male ❑ Female

Home Address: __________________________________________

HOME TEL: (___) __________________ WORK TEL: (___) __________________ MOBILE: (___) __________________

Statement Attached? ❑ Yes ❑ No

**WITNESS #2:**

- ❑ Athlete
- ❑ Coach
- ❑ Official
- ❑ Volunteer
- ❑ Spectator
- ❑ Other: __________________

Name of Witness: ___________________________ Date of Birth: ___/___/______ ❑ Male ❑ Female

Home Address: __________________________________________

HOME TEL: (___) __________________ WORK TEL: (___) __________________ MOBILE: (___) __________________

Statement Attached? ❑ Yes ❑ No

## REPORT PREPARED BY:

Name of Person Completing this Report: ___________________________ ❑ Male ❑ Female

Home Address: __________________________________________ Email Address: __________________________

HOME TEL: (___) __________________ WORK TEL: (___) __________________ MOBILE: (___) __________________

Position: ❑ Coach ❑ Official ❑ Volunteer ❑ Other: __________________

**Verification Statement:**

By signing this document, I verify that this report is true and correct to the best of my knowledge:

Signature: ___________________________ Date: __________

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