



SUBMIT COMPLETED FORM TO:
 USMS National Office
 1751 Mound Street, Suite 201
 Attn: Membership Department
 Sarasota, FL 34236
membership@usmastersswimming.org Email
 (800) 550-SWIM (7946) Phone
 (941) 556-SWIM (7946) Facsimile

INCIDENT REPORT FORM

General Liability Policy SI8ML00043-191

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This form should be completed by a 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: _____
 Event/Activity Name (If applicable): _____ Date(s) of Event: _____
 Type of Event/Activity: Pool Open Water Event Sanction # (if applicable): _____
 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.: (____) _____
 Email Address: _____
 Name of Parent/Legal Guardian (if minor): _____ Tel.: (____) _____
 USMS Member? Yes No 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):

| Type of Incident | Incident Location | Outdoor Conditions (if applicable) | | | | | |
|---|--|------------------------------------|---|--------------|---|----------------|--|
| <input type="checkbox"/> Bodily Injury or Illness <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage <input type="checkbox"/> Missing Person(s) <input type="checkbox"/> Theft <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Pool/Competition Area <input type="checkbox"/> Restrooms/Lockers <input type="checkbox"/> Bleachers/Stands <input type="checkbox"/> Concession Area <input type="checkbox"/> Admission Area <input type="checkbox"/> Storage Area <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other: _____ | Weather | <input type="checkbox"/> Clear <input type="checkbox"/> Clouds <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Glare <input type="checkbox"/> Other _____ | Water | <input type="checkbox"/> Calm <input type="checkbox"/> Choppy <input type="checkbox"/> Rough <input type="checkbox"/> Other _____ | Surface | <input type="checkbox"/> Dry/Normal <input type="checkbox"/> Wet/Rainy <input type="checkbox"/> Muddy <input type="checkbox"/> Icy <input type="checkbox"/> 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 #: _____

INCIDENT REPORT FORM – Continued

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| MEDICAL TREATMENT AND DISPOSITION (if applicable): | | | | |
|---|--|---|--|---|
| Medical Treatment Required? | Type of Medical Treatment Required? | Medical Condition and Disposition | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Basic First Aid Only <input type="checkbox"/> Medical Care (Emergency) <input type="checkbox"/> Medical Care (Non-urgent) | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Injury/Illness</div> <input type="checkbox"/> Abrasion <input type="checkbox"/> Burn <input type="checkbox"/> Concussion <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Heat Exhaustion <input type="checkbox"/> Illness <input type="checkbox"/> Laceration <input type="checkbox"/> Nausea <input type="checkbox"/> Pain <input type="checkbox"/> Seizures <input type="checkbox"/> Sting/Bite <input type="checkbox"/> Sprain <input type="checkbox"/> Strain <input type="checkbox"/> Other _____ | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Body Part Injured</div> <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Hip (L/R) <input type="checkbox"/> Arm (L/R) <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Elbow (L/R) <input type="checkbox"/> Wrist (L/R) <input type="checkbox"/> Hand (L/R) <input type="checkbox"/> Finger <input type="checkbox"/> Leg (L/R) <input type="checkbox"/> Knee (L/R) <input type="checkbox"/> Ankle (L/R) <input type="checkbox"/> Foot (L/R) <input type="checkbox"/> Toe <input type="checkbox"/> Internal <input type="checkbox"/> No Injury <input type="checkbox"/> Other _____ | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Disposition</div> <input type="checkbox"/> No care given (not needed) <input type="checkbox"/> No care given (patient refused) <input type="checkbox"/> Released <input type="checkbox"/> Released to Parent <input type="checkbox"/> Referral to Doctor <input type="checkbox"/> Referral to Hospital <input type="checkbox"/> 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: _____



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:

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