INCIDENT REPORT FORM
General Liability Policy SI8ML00043-211
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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: ___________________________ 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
☐ Bodily Injury or Illness ☐ Fatality ☐ Property Damage ☐ Missing Person(s) ☐ Theft ☐ Other: ____________

Incident Location
☐ Pool/Competition Area ☐ Restrooms/Lockers ☐ Bleachers/Stands ☐ Concession Area ☐ Admission Area
☐ Storage Area ☐ Parking Lot ☐ Other: ____________

Outdoor Conditions (if applicable)

Weather
☐ Clear ☐ Clouds ☐ Rain ☐ Fog ☐ Glare ☐ Other: ____________

Water
☐ Calm ☐ Choppy ☐ Rough ☐ Other: ____________

Surface
☐ Dry/Normal ☐ Wet/Rainy ☐ Muddy ☐ Icy ☐ 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 10/15/2021
### INCIDENT REPORT FORM – Continued

#### 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>□ Head</td>
</tr>
<tr>
<td>No</td>
<td>Medical Care (Emergency)</td>
<td>□ Neck</td>
</tr>
<tr>
<td></td>
<td>Medical Care (Non-urgent)</td>
<td>□ Back</td>
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<tr>
<td></td>
<td></td>
<td>□ Hip (L/R)</td>
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<td></td>
<td></td>
<td>□ Shoulder (L/R)</td>
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<td></td>
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<td>□ Elbow (L/R)</td>
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<td></td>
<td></td>
<td>□ Wrist (L/R)</td>
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<td>□ Hand (L/R)</td>
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<td>□ Finger</td>
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<td>□ Leg (L/R)</td>
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<td>□ Knee (L/R)</td>
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<td>□ Ankle (L/R)</td>
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<td></td>
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<td>□ Foot (L/R)</td>
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<td>□ Toe</td>
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<td></td>
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<td>□ Internal</td>
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<td></td>
<td></td>
<td>□ No Injury</td>
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<td></td>
<td></td>
<td>□ Other</td>
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<td></td>
<td></td>
<td>□ No care given (not needed)</td>
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<tr>
<td></td>
<td></td>
<td>□ No care given (patient refused)</td>
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<tr>
<td></td>
<td></td>
<td>□ Released</td>
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<td></td>
<td></td>
<td>□ Released to Parent</td>
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<tr>
<td></td>
<td></td>
<td>□ Referral to Doctor</td>
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<td></td>
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<td>□ Referral to Hospital</td>
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<td></td>
<td></td>
<td>□ EMS Transport to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Other</td>
</tr>
</tbody>
</table>

#### 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: __________

Revised 10/15/2021
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
Attn: Membership Department
1751 Mound Street, Suite 204
Sarasota, FL 34236
membership@usmastersswimming.org Email
(800) 550-SWIM (7946) Phone
(941) 556-SWIM (7946) Facsimile