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:

<table>
<thead>
<tr>
<th>Club/Workout Group Name:</th>
<th>Date(s) of Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event/Activity Name:</td>
<td></td>
</tr>
<tr>
<td>Type of Event/Activity:</td>
<td></td>
</tr>
<tr>
<td>Event Sanction # (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Description of Event/Activity:</td>
<td></td>
</tr>
<tr>
<td>Name and Address of Facility/Venue (where event took place):</td>
<td></td>
</tr>
</tbody>
</table>

### Subjects Involved (attach additional reports if more than one person was involved):

<table>
<thead>
<tr>
<th>Name of Party Involved:</th>
<th>Date of Birth:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Parent/Legal Guardian (if minor):</td>
<td></td>
<td>Tel.:</td>
<td></td>
</tr>
<tr>
<td>USMS Member?:</td>
<td>Yes</td>
<td>No</td>
<td>Membership #:</td>
</tr>
<tr>
<td>Type of Individual:</td>
<td>Participant (Adult)</td>
<td>Coach</td>
<td>Official</td>
</tr>
<tr>
<td>Signed Waiver &amp; Release:</td>
<td>Yes</td>
<td>No</td>
<td>(Note: Signed waivers are required for all participants in sanctioned events)</td>
</tr>
</tbody>
</table>

### 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>Clear</td>
</tr>
<tr>
<td>Fatality</td>
<td>Restrooms/Lockers</td>
<td>Clouds</td>
</tr>
<tr>
<td>Property Damage</td>
<td>Bleachers/Stands</td>
<td>Rain</td>
</tr>
<tr>
<td>Missing Person(s)</td>
<td>Concession Area</td>
<td>Fog</td>
</tr>
<tr>
<td>Theft</td>
<td>Admission Area</td>
<td>Glare</td>
</tr>
<tr>
<td>Other:</td>
<td>Storage Area</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Parking Lot</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td>Other</td>
</tr>
</tbody>
</table>

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 10/20/2022
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></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
- ❑ Other

Disposition:
- ❑ No care given (not needed)
- ❑ 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: __________________

Revised 10/20/2022
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

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