**Report of Incident**

Location where incident occurred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injured person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City State Zip*

Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident date \_\_/\_\_\_/\_\_\_ Gender Age \_\_\_\_\_\_ Status** Guest 🞏

am pm Male Participant 🞏

Time \_\_**\_:**\_\_\_\_\_\_ Female Other 🞏

**General Information**

Describe exactly what happened. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical Information**

Describe the injured party’s condition and any first aid. Was first aid given? \_\_\_\_\_\_\_\_\_ Blood-borne exposures? \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Further medical attention? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If so, where and by whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was parent / guardian / emergency contact notified? \_\_\_\_\_\_\_\_\_\_\_ If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who was called and what was the outcome? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom did the injured party leave the site? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnesses** (indicate staff [**s**], participant [**p**], or volunteer [**v**])

*Name Age Phone Address City State Zip*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Incident Management**

Person Filing Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Date \_\_\_

Administrator Reviewing Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position Date

*Please check one and only one box in each of the following sections*

**Specific Location of Incident**

\_\_ Aquatic: Main Pool \_\_ Aquatic: Exercise Pool \_\_ Meeting Room \_\_ Locker Room

\_\_ Lobby / halls / stairs \_\_ Athletic Field \_\_ Parking lot / Garage \_\_ Cabin

\_\_ Play structure or area: interior \_\_ Running track \_\_ Gymnasium \_\_ Restroom

\_\_ Playground (i.e., with equipment) \_\_ Childcare site \_\_ Classroom \_\_ Cafeteria

\_\_ Media Center \_\_ Bus \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program**

\_\_ Aquatics \_\_ Childcare \_\_ Adult Fitness \_\_ Special Events

\_\_ Field Trips \_\_ 7th grade Camp \_\_ Non-sport activities \_\_ Sports: Informal

\_\_ Sports: Adult \_\_ Sports: Youth \_\_ Outdoor Education \_\_ Senior program / activity

\_\_ Community Ed class \_\_ School Session \_\_ Athletic Event/Game

\_\_ Ski Club \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Activity**

\_\_ Aquatics: exercise class \_\_ Free / unstructured play \_\_ Skiing / snowboarding \_\_ Volleyball

\_\_ Aquatics: family / open swim \_\_ Games / structured play \_\_ Soccer \_\_ Football

\_\_ Aquatics: lap swim \_\_ Dance / Gymnastics \_\_ Baseball / Softball / T-ball \_\_ Basketball

\_\_ Aquatics: lessons \_\_ Dressing / Undressing \_\_ Theft / robbery \_\_ Track / Cross Country

\_\_ Aquatics: team (incl. practice) \_\_ Transportation \_\_ Exercise: Free weights \_\_ Exercise: Run / walk

\_\_ Band/Choir – Practice/Event \_\_ Classroom Instruction \_\_ Exercise: Strength equip

\_\_ Playground equipment \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific Action**

\_\_ Aggressive behavior of / by \_\_ Exertion \_\_ Inappropriate touch \_\_ Struck by / against

\_\_ Caught in, by, or between \_\_ Fall (from, onto, into, or against) \_\_ Inhale / ingest \_\_ Contact with / exposure to

\_\_ Verbal attack / taunt / teasing \_\_ Horseplay \_\_ Pushed/pulled/bumped \_\_ Inappropriate Language

\_\_ Handle / use / touch \_\_ Participation / playing \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Source of Injury**

\_\_ Aquatics: deck \_\_ Blood / body fluids \_\_ Floor / Ground \_\_Person (another)

\_\_ Aquatics: equipment \_\_ Door \_\_ Furniture \_\_Self

\_\_ Aquatics: sides / bottom \_\_ Environment: sun, heat, etc. \_\_ Insect / animal \_\_Wall / vertical surface

\_\_ Aquatics: water, body of \_\_ Equipment: Exercise \_\_ Locker / cabinet \_\_ Object (ball / bat / toy / etc.)

Equipment: Playground \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the equipment or property was defective, who was notified for repair or follow up?

Person Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By whom: \_\_\_\_\_\_\_\_\_ \_\_\_\_ date \_ \_\_

What action was taken / date of repair completed:

Describe: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_ \_

**Apparent Injury**

\_\_ Abrasion / scratch \_\_ Bruise / contusion \_\_ Fear / intimidation \_\_ Seizure / dysfunction

\_\_ Aquatic distress \_\_ Burn / blister \_\_ Fracture / break \_\_ Sprain / strain

\_\_ Bite / sting \_\_Cramp \_\_ Irritation / reaction \_\_ Vomiting

\_\_ Bloody / hemorrhage \_\_ Cut / puncture \_\_ Jam \_\_ No visible / apparent injury

\_\_ Breathing shortened / impaired \_\_ Dislocation \_\_ Pain / soreness \_\_ Dizziness / Unconscious \_\_ Pinch/Crush \_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Body Part**

*Please check if applicable:* O right O left O upper O lower

\_\_ Arm \_\_ Leg \_\_ Shoulder \_\_ Back \_\_ Face \_\_ Head \_\_ Mouth / lips / teeth

\_\_ Hand / finger \_\_ Foot / toe \_\_ Chest \_\_ Buttocks \_\_ Ear \_\_ Neck \_\_ Mind / psyche

\_\_ Wrist \_\_ Ankle \_\_ Stomach \_\_ Hip \_\_ Eye \_\_ Heart \_\_ None / not applicable

\_\_ Elbow \_\_ Knee \_\_ Side \_\_ Groin \_\_ Nose \_\_ Lungs \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please forward this completed form to the Executive Director within 24 hours of this incident / injury.**