



Tri-State Swim Conference Report of Occurrence

To be completed by coach/official/team or facility representative (not parent or injured party). **PLEASE REFRAIN FROM USING PERSONAL NAMES IN THE ADDITIONAL DETAIL FIELDS.** Indicate “athlete” or “swimmer” instead, as in “swimmer slipped and fell on pool deck” or “athlete’s knee was injured.”

INJURED PARTY INFORMATION

First Name (legal): _____

Last Name (legal): _____

Address: _____

City: _____ State: _____

Zip Code: _____

Contact Phone (include area code): _____

E-mail: _____

Gender: Male Female

Date of Birth (mm/dd/yyyy): _____

Age at time of Accident: _____

Tri-State Team: _____

Swimmer Official Coach

ACCIDENT INFORMATION

Date of Accident: _____

Activity at Time of Injury:

____ Meet – Competition

____ Meet – Warm-Up

____ Meet – Entering/Pool

____ Meet – Watching/Observing/Officiating

☐ Meet – Walking

☐ Other (explain): _____

Location where Accident Occurred:

☐ Water – Start End

☐ Water – Turn End

☐ Water – Side

☐ Water – Bottom

☐ Water – Lane Lines

☐ Bleachers

☐ Deck

☐ Starting Blocks

☐ Bull pen

☐ Locker Room/Rest Rooms

☐ Team Crash Area

☐ Hallway

☐ Stairs

☐ Gym

☐ Outside Venue

☐ Other (explain) _____

Source of Injury:

☐ Slip/Trip/Fall

☐ Struck Against/Rain Into

☐ Lifting/Straining

☐ Insect Sting/Bite

☐ Foreign Body

☐ Heat/Sun

☐ Other (explain) _____

Additional details of
accident:

FACILITY INFORMATION

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tri-State Team: _____

Pool Type: _____ indoor _____ outdoor

INJURY INFORMATION:

Body Part Injured:

___ Head – Side	___ Head – Back	___ Head – Top
___ Head – Forehead	___ Face – Eye	___ Face – Ear
___ Face – Nose	___ Face – Mouth/Teeth/Lips	
___ Face – Chin	___ Face – Cheek	___ Neck
___ Back	___ Chest/Stomach	
___ Arm/Wrist	___ Hand/Finger	
___ Knee	___ Ankle	___ Leg
___ Other (explain) _____		

Symptoms:

___ Cut	___ Bruise	___ Scrape
___ Concussion	___ Seizure	___ Sprain
___ Swelling	___ Fracture	___ Dislocation
___ Burn	___ Unconsciousness	
___ Other (explain) _____		

Additional Details of Injury:

First Aid Information:

On-site care given:	Yes	No
Care Refused by injured:	Yes	No
Parent/Guardian notified:	Yes	No
Taken to hospital/clinic:	Yes	No

CONTACT INFORMATION FOR TWO WITNESSES**WITNESS 1:**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

WITNESS 2:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

ACTIVITY/MEET SUPERVISOR: _____Contact Phone: _____

Report Submitted By:

Name: _____

Contact Phone: _____

Email: _____