



## INCIDENT REPORTING FORM

Incident Report # \_\_\_\_\_

Swim Club Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

### INCIDENT INFORMATION

Location of Incident \_\_\_\_\_

Incident Description \_\_\_\_\_

Additional Facts \_\_\_\_\_

### INJURED PARTY INFORMATION (Complete a separate form for each injured party)

\_\_\_ Employee \_\_\_ Guest \_\_\_ Other (specify) \_\_\_\_\_ Injured \_\_\_ Yes \_\_\_ No \_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Describe Injury \_\_\_\_\_

Was any additional assistance requested: (Yes/ No) Assistance requested from: Police \_\_\_ Fire \_\_\_ Medical/EMT, \_\_\_ Physician \_\_\_

What assistance was provided: \_\_\_\_\_ Was the injured sent to a hospital: (Yes/ No)

Which Hospital: \_\_\_\_\_ How was injured transported to the hospital: \_\_\_\_\_

Did injured party refuse first aid and or medical treatment: Yes \_\_\_ No \_\_\_

### WITNESS STATEMENT

Witness's name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone number ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

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

### INCIDENT REPORT COMPLETED BY

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Additional Comments:

**Fax this form immediately to Diana McGregor at the Swim Club Insurance Program 877-543-5098**

## WHAT TO DO WHEN AN ACCIDENT OCCURS:

- In case of severe injury, call for emergency medical assistance immediately. Render emergency treatment, as necessary, until help arrives.
- Be caring and helpful to anyone who suffers an injury at your swim club, no matter how minor the injury may appear. Offer comfort, assistance and medical treatment, if necessary. Stay with the injured person (s) until assistance arrives.
- Be polite and courteous with everyone you speak with regarding the incident.
- Do not be confrontational. Do not place blame or fault.
- Ask questions of the injured person(s) and witnesses to gain a full understanding of the incident. Find out who, what, when, where, why and how.
- Complete, sign and send an Incident Reporting Form.

## INSTRUCTIONS FOR COMPLETING INCIDENT REPORTING FORMS

An incident reporting form should be completed, signed and sent **each and every time** an accident or injury occurs at your swim club. Even if you do not have sufficient information to complete this form, **do not wait**. Send the form with the information you do have regarding the incident, **as soon as possible**.

Not every incident turns into a claim, but each and every incident should be reported to us, even if you do not anticipate it to result in a claim. The first-hand information you provide in this form is critical to the investigation of a claim by your insurance company, if such an investigation becomes necessary. It also provides valuable insight into ways you can prevent the same type of accident from occurring in the future.

Please fax all incident-reporting forms to **Diana McGregor, Claims Manager, at 877-543-5098 or call 800-220-3434, ext. 31**.



## PROPERTY DAMAGE REPORTING FORM

Swim Club Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Loss:  Fire                       Theft                       Lightning                       Hail  
 Wind                       Vandalism                       Other \_\_\_\_\_

**Incident Description:** (Including name of building such as Snack Bar, Pool House, etc.)

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**Emergency Response:**

Police Report Filed: yes  no                       Fire Department Response: yes  no   
Police Report Number: \_\_\_\_\_                      Name of Fire Department: \_\_\_\_\_  
Name of Police Department: \_\_\_\_\_                      Phone Number: (\_\_\_\_) \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

**Other Parties Involved:**

Name: \_\_\_\_\_                      Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_                      Policy Number: \_\_\_\_\_  
City, St: \_\_\_\_\_                      Claim Number: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Additional Comments:**

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Estimated Damage Amount: \$ \_\_\_\_\_

**Attach Photos**

**Report Completed By:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_

**Fax this form immediately to Diana McGregor at the Swim Club Insurance Program 877-543-5098**