



# INCIDENT REPORT FORM

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SUBMIT COMPLETED FORM TO:  
American Specialty Insurance & Risk Services, Inc.  
P.O. Box 459  
Roanoke, IN 46783  
Tel. #: (800) 566-7941  
Fax #: (260) 673-1291

**This form should be completed by the on-site Safety/Club Official or Event Organizer at the time of an Accident, Injury or Other Incident during a USA Water Ski sanctioned event.**

**SANCTIONED EVENT INFORMATION:**

Club/Event Organizer's Name \_\_\_\_\_ Club Membership #: \_\_\_\_\_

Event Name (If applicable): \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Address/Location of Event: \_\_\_\_\_

Sanctioned Event Type:

Tournament  Practice  Exhibition  Official's Clinic  Basic Skills Clinic  Other: \_\_\_\_\_ Sanction #: \_\_\_\_\_

Sport Discipline:

AWSA (3-Event)  AKA (Kneeboard)  NCWSA (Collegiate)  NWSRA (Ski Racing)  WSDA (Disabled)  
 ABC (Barefoot)  USW (Wakeboard)  NSSA (Show Ski)  USHA (Hydrofoil)

**SUBJECTS INVOLVED (attach additional reports if more than one person was involved):**

Name of Person Injured/Involved: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  Male  Female

Home Address: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Name of Parent/Legal Guardian (if minor): \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Membership Status:  Active  Guest/Basic Skills  Other: \_\_\_\_\_ USA Water Ski Member #: \_\_\_\_\_

Type of Individual:  Athlete  Official  Coach  Spectator  Volunteer  Other: \_\_\_\_\_

Waiver & Release:  Yes  No Please attach. (Note: Signed waivers are required for all participants in sanctioned events)

**DESCRIPTION OF ACCIDENT/INCIDENT/INJURY/ILLNESS (check all that apply):**

Type of Incident	Incident Location	Skiing Conditions (if applicable)					
<input type="checkbox"/> Minor Injury or Illness <input type="checkbox"/> Serious Injury or Illness <input type="checkbox"/> Drowning <input type="checkbox"/> Other Fatality <input type="checkbox"/> Minor Property Damage <input type="checkbox"/> Serious Property Damage <input type="checkbox"/> Boating Accident <input type="checkbox"/> Missing Person(s) <input type="checkbox"/> Theft <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lake/Competition Area <input type="checkbox"/> Restrooms/Lockers <input type="checkbox"/> Premises/Grounds <input type="checkbox"/> Bleachers/Stands <input type="checkbox"/> Concession Area <input type="checkbox"/> Admission Area <input type="checkbox"/> Storage Area <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other: _____	<b>Weather</b>	<input type="checkbox"/> Clear	<b>Water</b>	<input type="checkbox"/> Calm	<b>Wind</b>	<input type="checkbox"/> None
			<input type="checkbox"/> Clouds		<input type="checkbox"/> Slight Chop		<input type="checkbox"/> Light (1-6 mph)
			<input type="checkbox"/> Rain		<input type="checkbox"/> Moderate Chop		<input type="checkbox"/> Moderate (7-14 mph)
			<input type="checkbox"/> Fog		<input type="checkbox"/> Rough		<input type="checkbox"/> Strong (15-20 mph)
			<input type="checkbox"/> Glare				<input type="checkbox"/> Head Wind
			<input type="checkbox"/> Other				<input type="checkbox"/> Cross Wind
							<input type="checkbox"/> Tail Wind

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  AM  PM Incident during Sanctioned Event?:  Yes  No

Type of Event during which Incident/Injury Occurred:  Slalom  Tricks  Jumping  Flip-Out  Freestyle  Expression Session  
 Swivel  Doubles  Other: \_\_\_\_\_

**Please answer the questions on the reverse side of this form to document additional details of this incident/injury.**

Safety Director on-site during the Event:  Yes  No Were proper safety procedures and equipment utilized?  Yes  No

Police, DNR or Fire Department Notified:  Yes  No Explain: \_\_\_\_\_

Any Witnesses to Incident/Injury:  Yes  No Name: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

First Aid Treatment rendered on-site:  Yes  No Describe on reverse page.

Primary Medical Insurance Available:  Yes  No If yes, Carrier and Policy #: \_\_\_\_\_

Photographs of Injury/Damage:  Yes  No If yes, please attach to this form.

**REPORT PREPARED BY:**

Name of Safety/Club Official or Event Organizer: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_



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Details of Incident/Injury

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**ADDITIONAL DETAILS OF ACCIDENT/INCIDENT/INJURY/ILLNESS:**

How did incident/injury occur? (Be specific. Not simply "crash on jump.")

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Location and nature of injury or damage? (Describe as accurately as possible)

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**FIRST AID TREATMENT AND DISPOSITION:**

Was First Aid Treatment Rendered On Site?  Yes  No

Describe First Aid Treatment Rendered On Site:

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Was First Aid Treatment Refused?  Yes  No (Note signature requirements below if treatment refused)

Name of Injured Party: \_\_\_\_\_ Signature of Injured Party: \_\_\_\_\_  
(Note: If Injured Party is a minor, obtain signature of the minor's Parent/Guardian)

Name of Witness: \_\_\_\_\_ Witness Signature: \_\_\_\_\_  
(Note: A witness is required if First Aid Treatment is refused by the Injured Party)

First Aid Disposition? (Check all that apply):

- Treated and released     Transported to Hospital or Other Medical Care Facility

Method of Transport to Hospital or Other Medical Care Facility?

- EMT/Ambulance     Personal Vehicle     Other: \_\_\_\_\_

Name, Address and Telephone Number of Hospital or Other Medical Care Facility where transported?

Name of Hospital or Facility: \_\_\_\_\_ Tel.: (\_\_\_\_\_) \_\_\_\_\_

Address of Hospital/Medical Care Facility: \_\_\_\_\_