

**EAST BAY SWIM LEAGUE INJURY REPORT**

Swim Team Name \_\_\_\_\_

Address of Swimming Pool \_\_\_\_\_

City, CA Zip Code \_\_\_\_\_

**TO BE COMPLETED BY SENIOR COACH ON STAFF AT TIME OF INJURY**

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

Time: \_\_\_\_\_

**PERSONAL DATA – INJURED PARTY**

NAME \_\_\_\_\_

ADDRESS (Street & Number) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME OF FAMILY MEMBER CONTACTED \_\_\_\_\_

PHONE NUMBER OF FAMILY MEMBER CONTACTED (if different from above)

\_\_\_\_\_

Where did the injury occur? (i.e. in pool, pool deck, bathroom)

\_\_\_\_\_

What happened that lead to the injury? (based on injured person’s account)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of the injury:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the Steps and the FIRST AID that was delivered to the injured person by the Coaching staff:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE TURN OVER DOCUMENT AND CONTINUE WITH REPORT**

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Was 911 Called? (circle answer) YES NO

What did 911 recommend?

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

Were paramedics called? (circle one) YES NO

If so, by whom?

\_\_\_\_\_

Was the Fire Department Called? (circle one) YES NO

If so, by whom?

\_\_\_\_\_

Was the Ambulance Called? (circle one) YES NO

If so, by whom?

\_\_\_\_\_

DID THE INJURED PERSON REFUSE TREATMENT PROVIDED BY THE COACHING STAFF, PARAMEDICS OR THE FIRE DEPARTMENT? (circle one) YES NO

WITH WHOM DID THE INJURED PERSON LEAVE THE POOL AFTER TREATMENT WAS PROVIDED? \_\_\_\_\_

\_\_\_\_\_

COULD THE INJURED PERSON WALK INDEPENDENTLY UPON LEAVING THE POOL? (circle one) YES NO TAKEN OUT ON STRETCHER

**WEATHER CONDITIONS:**

Wind direction \_\_\_\_\_ Light Winds \_\_\_\_\_ Moderate Winds \_\_\_\_\_  
Strong Winds \_\_\_\_\_ Rain \_\_\_\_\_ Lighting \_\_\_\_\_  
Cloudy \_\_\_\_\_ Sunny \_\_\_\_\_ Other \_\_\_\_\_

NAMES OF COACHES ON DUTY AT THE TIME OF THE INJURY \_\_\_\_\_

\_\_\_\_\_

NAME OF RESPONDER \_\_\_\_\_ PHONE # \_\_\_\_\_

(person who delivered first aid)

SIGNATURE OF RESPONDER \_\_\_\_\_

RESPONDER'S FULL ADDRESS \_\_\_\_\_

\_\_\_\_\_

RELATION OF RESPONDER TO INJURED PERSON \_\_\_\_\_

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**EYE WITNESS REPORT**

**NAME OF FIRST WITNESS** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**WITNESS FULL ADDRESS** \_\_\_\_\_

**RELATION OF WITNESS TO INJURED SWIMMER** \_\_\_\_\_

**DATE OF INJURY** \_\_\_\_\_ **TIME OF INJURY** \_\_\_\_\_

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**DESCRIPTION OF WITNESS  
OBSERVATIONS** \_\_\_\_\_

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

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**SIGNATURE OF FIRST WITNESS** \_\_\_\_\_ **date** \_\_\_\_\_

If this report was filled out by someone else besides the witness please sign below:

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**EYE WITNESS REPORT**

**NAME OF SECOND WITNESS** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**WITNESS FULL ADDRESS** \_\_\_\_\_

**RELATION OF WITNESS TO INJURED SWIMMER** \_\_\_\_\_

**DATE OF INJURY** \_\_\_\_\_ **TIME OF INJURY** \_\_\_\_\_

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**COMMENTS OF SECOND WITNESS** \_\_\_\_\_

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

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**SIGNATURE OF SECOND WITNESS** \_\_\_\_\_ **date** \_\_\_\_\_

If this report was filled out by someone else besides the witness please sign below:

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**EYE WITNESS REPORT**

**NAME OF THIRD WITNESS** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**WITNESS FULL ADDRESS** \_\_\_\_\_

**RELATION OF WITNESS TO INJURED SWIMMER** \_\_\_\_\_

**DATE OF INJURY** \_\_\_\_\_ **TIME OF INJURY** \_\_\_\_\_

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**COMMENTS OF THIRD WITNESS** \_\_\_\_\_

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\_\_\_\_\_

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**SIGNATURE OF THIRD WITNESS** \_\_\_\_\_ **date** \_\_\_\_\_

If this report was filled out by someone else besides the witness please sign below:

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_