Prevention Connection

INSURANCE COMPANIES

Safety resources to protect your world

Accident/incident reporting form for YMCA (Please print)

YMCA Association name______________________________ Branch______________________________

Name of person completing report ______________________________ Date ______________

Injured person name ______________________________ Phone ______________________________

day *evening*

Mailing address ____

street *city* *state* *zip*

Parent/guardian______________________________ Phone ______________________________

day *evening*

Mailing address ____

street *city* *state* *zip*

Incident Date ________	**Gender**	**Age** ______		**Status**	
Time ____________	☐ female	☐ nursery	☐ high school	☐ employee	☐ other
☐ am ☐ pm	☐ male	☐ preschool	☐ young adult	☐ participant	
		☐ elementary	☐ adult	☐ member	
		☐ middle school	☐ senior	☐ guest	

General Information

1. Describe exactly what happened. ____

____

____

Medical Information

2. Fully describe the injured party's condition and any first aid given. ______________________________

____

3. First aid administered? By whom? ______________________________ ☐ Declined ☐ Yes ☐ No

4. Blood-bourne exposures? To whom? ______________________________ ☐ Declined ☐ Yes ☐ No

5. Further medical attention? ☐ Declined ☐ Yes ☐ No

   If yes, where and by whom? ______________________________

6. Was parent/guardian/emergency contact notified? Yes No

   If yes, when? ______________ Who was called and what was the outcome? ______________________________

   ____

7. With whom did the injured party leave the site? ______________________________

Witnesses (Check box to indicate: **S** - Staff, **P** - Participant, or **V** - Volunteer. Provide age for youthful witnesses.)

8. **S**	**P**	**V**	Name	Age	Phone	Street	City	State	Zip
☐	☐	☐							
☐	☐	☐							
☐	☐	☐							

Follow-Up

9. Was there follow up contact? ☐ Yes ☐ No
   If yes, date ________________ By whom?________________
   Status detail ____
   ____

Incident Management — FOR OFFICE USE ONLY Position Date

Supervisor reviewing report ________________ ________________ ________________
Executive Director reviewing report ________________ ________________

Process ☐ Scanned and saved to swap drive (required) ☐ Sent to Business Office ☐ Filed at the branch (required)

BUSINESS OFFICE ONLY - Date report filed with SECURA ________________ Method of filing ☐ email ☐ fax ☐ mail

Injured Person Name ________________________________ Incident Date ________________

Incident Details (Please check one and only one box for each of the following questions.)

10. Specific Location of Incident

- ☐ Aquatics area
- ☐ Athletics/play field
- ☐ Cabin/tent
- ☐ Campfire/meeting area
- ☐ Challenge course
- ☐ Child watch/babysitting
- ☐ Childcare area
- ☐ Class/meeting room
- ☐ Climbing wall/tower
- ☐ Exercise rm. - aerobics etc.
- ☐ Exercise rm. - cardio equip.
- ☐ Exercise rm. - free weights
- ☐ Exercise rm. - strength equip.
- ☐ Gym
- ☐ Gymnastics facility
- ☐ Lobby/halls/stairs
- ☐ Locker/rest room
- ☐ Parking lot/garage
- ☐ Play structure area-interior
- ☐ Playground (with equip.)
- ☐ Racquetball (etc.) court
- ☐ Range-rifle/archery
- ☐ Residence facility
- ☐ Running track
- ☐ Skating rink
- ☐ Spa/sauna/steam
- ☐ Stables/horse arena
- ☐ Waterfront (non pool)
- ☐ Other ____________

11. Program (indicate program name ________________________________)

- ☐ Aquatics
- ☐ Camp - day/holiday
- ☐ Camp - resident
- ☐ Camp - sports
- ☐ Childcare - before/after
- ☐ Childcare - child watch
- ☐ Childcare - outdoor ed.
- ☐ Childcare - preschool/daycare
- ☐ Health/Fitness - organized
- ☐ Health/Fitness - personal
- ☐ Non-sport activities
- ☐ Senior program/activity
- ☐ Social outreach (incl. res.)
- ☐ Special Events/ field trips
- ☐ Sports - adult
- ☐ Sports - informal
- ☐ Sports - youth
- ☐ Other ____________

12. General Activity

- ☐ Aquatics - boating, all forms
- ☐ Aquatics - exercise class
- ☐ Aquatics - family/free swim
- ☐ Aquatics - lap swim
- ☐ Aquatics - lessons
- ☐ Aquatics - team (incl. practice)
- ☐ Baseball/Softball/T-ball
- ☐ Basketball
- ☐ Bicycles/motorbikes
- ☐ Class - Aerobics
- ☐ Class - Kick-boxing
- ☐ Class - Martial arts
- ☐ Dancing
- ☐ Dressing/undressing
- ☐ Exercise - cardio equip.
- ☐ Exercise - free weights
- ☐ Exercise. - strength equip.
- ☐ Exercise - run/walk
- ☐ Exercise - other personal
- ☐ Football
- ☐ Free/unstructured play
- ☐ Games/structured activity
- ☐ Gymnastics
- ☐ Hiking/backpacking
- ☐ Hockey (ice or roller)
- ☐ Horseback riding
- ☐ Playground equip.
- ☐ Racquetball (etc.) court
- ☐ Free/unstructured play
- ☐ Skateboarding
- ☐ Skating (ice or roller)
- ☐ Skiing/snowboarding
- ☐ Soccer Spa/sauna/steam
- ☐ Theft/robbery
- ☐ Transportation
- ☐ Volleyball/walleyball
- ☐ Walking - incidental
- ☐ Other ________________

13. Specific Action

- ☐ Aggressive behavior of/by
- ☐ Caught in, by, or between
- ☐ Contact with/exposure to
- ☐ Exertion
- ☐ Fall (from/onto/into/against)
- ☐ Handle/use/touch
- ☐ Horseplay
- ☐ Inappropriate touch
- ☐ Inhale/ingest
- ☐ Participation/playing
- ☐ Pushed/pulled/bumped
- ☐ Struck by/against
- ☐ Verbal attack/taunt/tease
- ☐ Other ________________

Please complete the other sheet with this form.

14. Source of Injury

- ☐ Aquatics facility-deck/dock
- ☐ Aquatics facility-equip
- ☐ Aquatics facility-sides/bottom
- ☐ Aquatics facility-body of water
- ☐ Blood/body fluids
- ☐ Door
- ☐ Environment-sun, heat exp.
- ☐ Equip.-exercise
- ☐ Equip.-playground
- ☐ Floor/ground
- ☐ Furniture
- ☐ Insect/animal
- ☐ Locker/cabinet
- ☐ Object (ball/bat/toy/etc.)
- ☐ Person (another)
- ☐ Self
- ☐ Wall/vertical surace
- ☐ Other ___________________

15. Apparent Injury

- ☐ Abrasion/scratch
- ☐ Aquatic distress
- ☐ Bite/sting
- ☐ Bloody/hemorrhage
- ☐ Breathing shortened/impaired
- ☐ Bruise/confusion
- ☐ Burn/blister
- ☐ Cramp
- ☐ Cut/Puncture
- ☐ Dislocation
- ☐ Dizziness/unconscious
- ☐ Fear/intimidation
- ☐ Fracture/break
- ☐ Irritation/reaction
- ☐ Jam
- ☐ Pain/soreness
- ☐ Pinch/crush
- ☐ Seizure/dysfunction
- ☐ Sprain/strain
- ☐ Vomiting
- ☐ No visible/apparent injury
- ☐ Other ___________________

16. Body Part (Please check if applicable ☐ right ☐ left ☐ upper ☐ lower)

- ☐ Arm
- ☐ Hand/finger
- ☐ Wrist
- ☐ Elbow
- ☐ Leg
- ☐ Foot/toe
- ☐ Ankle
- ☐ Knee
- ☐ Shoulder
- ☐ Chest
- ☐ Stomach
- ☐ Side
- ☐ Back
- ☐ Buttocks
- ☐ Hip
- ☐ Groin
- ☐ Face
- ☐ Ear
- ☐ Eye
- ☐ Nose
- ☐ Head
- ☐ Neck
- ☐ Heart
- ☐ Lungs
- ☐ Mouth/lips/teeth
- ☐ Mind/psyche
- ☐ None/not applicable
- ☐ Other _______________

17. Comments ____

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This bulletin is designed by SECURA Insurance to inform you of important safety measures that help prevent injury and can save you considerable expense.

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