



**SUBMIT COMPLETED FORM TO:**  
[concussion@iwwf.sport](mailto:concussion@iwwf.sport)  
 copy to: [executive@iwwf.sport](mailto:executive@iwwf.sport)

# INCIDENT REPORT FORM

Page 1 of 2 (See Reverse Side for Page 2)

**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 An IWWF Sanctioned Event.**

**SANCTIONED EVENT INFORMATION:**

Federation/Club/Event Organizer's Name: \_\_\_\_\_ Membership #: \_\_\_\_\_  
 Event Name (If applicable): \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_  
 Address/Location of Event: \_\_\_\_\_

Sanctioned Event Type:  
 Competition  Practice  Exhibition  Official's Clinic  Basic Skills Clinic  Other: \_\_\_\_\_ Sanction #: \_\_\_\_\_

Sport Discipline (Please indicate applicable discipline):  
 Waterskiing(3-Event)  Cable Wakeboard  Cable Ski  Ski Racing  Disabled  Barefoot  Wakeboard  Wakesurf  
 Show Ski  Kneeboard Total Number of Pulls / Tows (sets): \_\_\_\_\_

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

Name of Person Injured/Involved: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
 day/month/year  
 Nationality/Country \_\_\_\_\_ Federation: \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Legal Guardian (if minor): \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_  
 Membership Status:  Active Type of Individual:  Athlete  Official  Coach  Spectator  Volunteer  Other: \_\_\_\_\_  
 Waiver & Release:  Yes  No Please attach. (**Note: Signed waivers are required for all athletes in sanctioned events**)

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

Type of Incident	Incident Location	Weather	Water / Wind 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: _____	<input type="checkbox"/> Clear <input type="checkbox"/> Clouds <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Glare <input type="checkbox"/> Other	<input type="checkbox"/> Calm <input type="checkbox"/> Slight Chop <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Rough  <input type="checkbox"/> None <input type="checkbox"/> Light (1-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-20 mph) <input type="checkbox"/> Head Wind <input type="checkbox"/> Cross Wind <input type="checkbox"/> Tail Wind

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Incident during Sanctioned Event?:  Yes  No  
 No Type of Event during which Incident/Injury Occurred: \_\_\_\_\_

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

Safety Director on-site during the Event:  Yes  No Were proper safety procedures and equipment utilized?  Yes  No  
 Name of Boat Driver: \_\_\_\_\_ Does the driver of the boat have an IWWF / National driver rating?  Yes  No  
 If so, what rating? \_\_\_\_\_  
 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.: (\_\_\_\_) \_\_\_\_\_

Revised 17/02/2021 E-Mail Address: \_\_\_\_\_



International Waterski & Wakeboard Federation

# INCIDENT REPORT FORM

Details of Incident/Injury Page 2 of 2

**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: \_\_\_\_\_