



# Accident Report



| Details of the Accident Victim / Injured Person         |  |                        |  |
|---|--|------------------------|--|
| <b>name</b>   |  |                        |  |
| <b>address</b>  |  |                        |  |
| <b>date of birth</b>                                    |  | <b>sex</b>             | <input type="checkbox"/> male<br><input type="checkbox"/> female<br><input type="checkbox"/> diverse |
| <b>relevant pre-existing conditions or disabilities</b> |  | <b>swimming skills</b> | <input type="checkbox"/> Non-Swimmer<br><input type="checkbox"/> Swimmer                             |
| <b>body height</b>                                      |  | <b>body weight</b>     |  |
| Details of the Injury                                   |  |                        |  |
| <b>Please mark affected / injured body parts!</b>       |  |                        |  |
|   |  |                        |  |
| <b>description of the injury</b>                        |  |                        |  |



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| Details of Measures Taken                            |  |                       |   |
|--|--|-----------------------|---|
| <b>name of the first aider</b>                       |  | <b>rescue service</b> | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <b>immediate measures by the first aider on site</b> |  |                       |   |
| <b>follow-up measures after first-aid treatment</b>  |  |                       |   |
| Details of the Accident                              |  |                       |   |
| <b>accident location*</b>                            |  |                       |   |
| <b>What exactly happened?</b>                        |  |                       |   |

\* If the accident happened inside a water slide, please indicate the location in the slide as precisely as possible. Please also refer to the slide drawings provided.