

USA SWIMMING
Report of Occurrence

(Circle one) Personal Injury / Property Damage / Other

(Please Print Clearly)

Date of Incident: _____ Time of Incident: _____ LSC: _____ Name of Club: _____

Injured: . Athlete . Coach . Official . Member/other: _____ . Guest/Spectator . Other:

Name (Legal): _____ USA Swimming ID#: _____

Address: _____ City/State/Zip: _____

Date of Birth: _____ Age: _____ Sex: . M . F Phone: (____) _____

Where did the incident occur?: . In Water . Deck . On Blocks . Locker Room . Bleachers . Hallway .
Stairs . Gym . Outside Venue (List) _____ . Other _____
Activity: . Meet/Competition . Meet/Warm-up . Meet/Warm down
. Practice/Water . Practice/Dry-land . Other: _____

Facility Name: _____ City/State: _____

Facility Type: . Indoor . Outdoor

Describe the incident: _____

Affected Body Part (Specify R or L): . Head/Neck . Leg/Foot . Ears/Nose/Mouth/Teeth . Hand/Arm .
~~Knees . Shoulder . Torso . Internal . Other:~~ _____

Describe the Injury: _____

On Site Care Given by: . Coach . Parent . EMT/Paramedic . Facility Staff: _____
name of person giving care

Care Given on Site: . Ice . Immobilized . Bandage . Cleaned . Other: _____

Care Refused by Injured: . Yes . No

If yes, Signature of Injured or of Guardian/Parents if under 18 yrs of age: _____

Parent/Guardian notified: .No .Yes Comment? _____

Taken to Clinic/Hospital: .No .Yes If yes, location: _____

Please include names and phone numbers of two (2) witnesses: (If others, list on reverse)

Name	_____	(____)
	Address	Phone
Name	_____	(____)
	Address	Phone

Activity Supervisor: _____ (____) _____ (____) _____
Please print Daytime Phone Evening Phone

Report Submitted By: _____ (____) _____ (____) _____
Please print Daytime Phone Evening Phone

Date Report was submitted:

Club Personnel/Club Safety Coordinator is responsible for returning completed form immediately following incident to:

USA Swimming	and: Risk Management Services, Inc.	and: LSC Safety Chairman
Risk Management Department	P. O. Box 32712	Marc Danin
1 Olympic Plaza	Phoenix, AZ 85064-2712	238 Bay 2 nd Street
Colorado Springs, CO 80909	FAX: (602) 274-9138	West Islip, NY 11795
FAX: (719) 866-4050		

Please attach any additional reports (facility reports, newspaper articles, witness statements).