

USA SWIMMING
Report of Occurrence

(Circle one) Personal Injury/Property Damage

(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	
One Olympic Plaza	Phoenix, AZ 85064-2712	
Colorado Springs, CO 80909	FAX: (602) 274-9138	
FAX: (719) 866-4050		

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