

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
1 Olympic Plaza Phoenix, AZ 85064-2712 FAX: (h) (808) 456-1472
Colorado Springs, CO 80909 FAX: (602) 274-9138 email: pcaks@hawaii.rr.com
FAX: (719) 866-4050 email LShumate@usaswimming.org RMS email sblumit@theriskpeople.com
Please attach any additional reports (facility reports, newspaper articles, witness statements).