

USA SWIMMING
Report of Occurrence

Personal Injury/Property Damage (Please Print)

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

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

Name(Legal): _____ USA Swimming Athlete 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/Warmup Meet/Warmdown
 Practice/Water Practice/Dryland Other: _____

Facility Name: _____ City/State: _____

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

Parent/Guardian notified: No Yes Comment? _____

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

Please include names and phone numbers of three (3) witnesses: (If others, list on reverse)

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

Activity Supervisor: _____ (____) _____ (____)
please print *Daytime Phone* *Evening Phone*

Report Submitted By: _____ (____) _____ (____) _____ Date: _____
please print *Daytime Phone* *Evening Phone*

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).