

USA SWIMMING
Report of Occurrence

(Circle one) **Personal Injury / Property Damage** (please print clearly)

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: _____

Birthdate: _____ Age: _____ Sex: ___M ___F Phone: (____) _____

Where did incident occur: ___In Water ___On Deck ___On Blocks ___In Locker Room ___In Bleachers
___In Hallway ___On Stairs ___In Gym ___Outside Venue (list) _____

Activity: ___Meet/Competition ___Meet/Warmup ___Meet/Warmdown ___Practice/Water ___Practice/Dryland
___Other _____

Facility Name: _____ City/State/Zip: _____

Describe the Incident: _____

Affected Body Part (specify RIGHT or LEFT): ___Head/Neck ___Leg/Foot ___Ears/Nose/Mouth/Teeth ___Knees
___Hand/Arm ___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: ___YES or ___NO Comment: _____

Taken to Clinic / Hospital: ___YES or ___NO If yes, location: _____

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

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

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

Report Submitted By: _____ (____) _____ (____)
(please print) Name 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
Risk Management Department
One Olympic Plaza
Colorado Springs, CO 80909
FAX: 719-866-4050

Risk Management Services, Inc.
P.O. Box 32712
Phoenix, AZ 85064-2712
FAX: 602-274-9138

Pacific Swimming Safety Chair
Michael Metcalf
279 Birchwood Drive
Moraga, CA 94556
[h]: 925-376-4315
FAX: 925-376-3368

mail: mike.metcalf@comcast.net

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

Revised 05/2004

Revised 12/2001