

USA Swimming - Report of Occurrence - Draft Copy Only - Submit Online

Use this form for notes only, go to the [ONLINE REPORT OF OCCURRENCE FORM](#) to key in the information you documented below

Report ALL occurrences/accidents, regardless of how minor

Club Personnel or Club Safety Coordinator is responsible for ONLINE REPORTING - www.usaswimming.org/ROO

PERSONAL INFORMATION

Name (Legal): _____ Gender: Male Female Date of Birth: _____ Age: _____

Address: _____ City, State, Zip: _____

Contact Phone: (_____) _____ Email: _____

USA Swimming Member: YES NO LSC: _____ (IE: Indiana Swimming, IllinoisSwimming, etc)

Name of Club: _____ USA Swimming ID: _____
Enter UN if Unattached *If known*

ACCIDENT INFORMATION

Date of Accident (MM/DD/YY): _____

Activity: Meet / Competition Meet / Warm-Ups Meet / Warm-Down
 Practice / Water Practice / Dry-Land
 Other _____

Where Accident Occurred: In Water Deck On Blocks
 Locker Room Bleachers Hallway
 Stairs Gym Outside Venue
 Other _____

Describe the Accident: _____

ACCIDENT LOCATION INFORMATION

Facility Name: _____ Address / City / State / Zip: _____

Type: Indoor Outdoor

INJURY INFORMATION

Affected Body Part: Head / Neck Eye / Ears / Nose Shoulder
 Torso Internal Hand / Arm / Wrist
 Knee Leg / Ankle / Foot Mouth / Teeth / Chin
 Other _____

Description of Injury: _____

FIRST AID INFORMATION

On Site Care: Yes No Care Refused by Injured: Yes No
Parent/Guardian Notified: Yes No Comment? _____
Taken to Hospital/Clinic: Yes No

CONTACT INFORMATION FOR TWO WITNESSES

Witness 1 Name _____ Address/City/State/Zip _____ Phone (_____) _____

Witness 2 Name _____ Address/City/State/Zip _____ Phone (_____) _____

Activity/Meet Supervisor Name _____ Phone (_____) _____

REPORT SUBMITTED BY: coach or club personnel only

Name _____ Phone (_____) _____ Email _____