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: o Athlete o Coach o Official o Member/other: _____________ o Guest/Spectator o Other: _____________

Name (Legal): _____________ USA Swimming ID#: ______________________________

Address: _____________ City/State/Zip: ______________________________

Date of Birth: _____________ Age: _____ Sex: o M o F Phone: (____) ______________________________

Where did the incident occur?: o In Water o Deck o On Blocks o Locker Room o Bleachers o Hallway o Stairs

o Gym o Outside Venue (List) o Other __________________________ Activity: _____________________________

Facility Name: ______________________________ City/State: ______________________________

Facility Type: o Indoor o Outdoor __________________________

Describe the incident: ______________________________

____________________________

Affected Body Part (Specify R or L): o Head/Neck o Leg/Foot o Ears/Nose/Mouth/Teeth o Hand/Arm o Knees

o Shoulder o Torso o Internal o Other: ______________________________

Describe the Injury: ______________________________

____________________________

On Site Care Given by: o Coach o Parent o EMT/Paramedic o Facility Staff ______________________________

Name of Person Giving Care ______________________________

Care Given on Site: o Ice o Immobilized o Bandage o Cleaned o Other: ______________________________

Care Refused by Injured: o Yes o No

If yes, Signature of Injured or of Guardian/Parents if under 18 yrs of age: ______________________________

Parent/Guardian notified: o No o Yes Comment? ______________________________

Taken to Clinic/Hospital: o No o 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: ______________________________ (____) ______________________________ Daytime Phone (____) ______________________________ Evening Phone

Report Submitted By: ______________________________ (____) ______________________________ 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

Revised 07/2005
Please attach any additional reports (facility reports, newspaper articles, witness statements).