

USA SWIMMING
Report of Occurrence

Personal Injury/Property Damage (Please Print)

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

Injured: Athlete Coach Official Member/other _____ Guest/Spector 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/Dryland 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 Staff _____
Name of person giving care

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

Care Refused By Injured: Yes No

Parent/Guardian notified: Yes No Comment? _____

Taken to Clinic/Hospital: Yes No 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/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

And: Risk Management Services, Inc
P.O. Box 32712
Phoenix, AZ 80564-2712
FAX: (602) 274-9138

And: LSC Safety Chairman
John Pristash
4417 Tamworth
Sylvania, Ohio 43560-3814