

USA SWIMMING
Report of Occurrence

Personal Injury/Property Damage (Please Print)

(Please Print Clearly)

Date of Incident: _____ Time 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: _____ Gender: M F Phone: (_____) _____

Place where incident occurred: Deck Offsite Outside Pool In Water On Blocks Bleachers
 Locker Room Hallway Gym Outside venue (List) _____
 Other _____

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

Facility Name: _____ City/State: _____

Facility type: Indoor Outdoor

Describe the Incident: _____

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

Parent/Guardian Notified Yes No Comments: _____

Taken to Clinic/Hospital Yes No (Name/Location): _____

Please include names and phones numbers of two (2) witnesses:

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 submitted: _____

Instructions: Club Personnel/Club Safety Coordinator is responsible for returning completed form immediately following an accident to:

USA Swimming ...
Risk Management Department
One Olympic Plaza
Colorado Springs, CO 8090

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

LESI Safety Chair:
Marilyn Duman
PO Box 30700
Middleburg Hts, Ohio
44130-0700
FAX: 440-826-9210

.....
FAX: (719) 866-4050

Please attach any additional accident reports (facility report, newspaper article, witness statements).

Rev.10/2007