

USA SWIMMING
Report of Occurrence

(Circle one) Personal Injury/Property Damage/Other

(Please Print Clearly)

Date of Incident: _____ Time of Incident: _____ AM/PM LSC: _____ Name of Club: _____

Injured: Athlete Coach Official Member/other: _____ Guest/Spectator Other:

Name (Legal): USA Swimming ID#: _____

Address: City/State/Zip: _____

Date of Birth: _____ Age: _____ Gender: 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/Dry-land 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 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: No Yes Comment? _____

Taken to Clinic/Hospital: No 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: _____	(____)	(____)
<i>Please print</i>	<i>Daytime Phone</i>	<i>Evening Phone</i>
Report Submit _____	(____)	(____)
<i>Please print</i>	<i>Daytime Phone</i>	<i>Evening Phone</i>
Date Report was submitted: _____		

Club Personnel/Club Safety Coordinator is responsible for returning completed form immediately following incident to:

USA Swimming	Risk Management Services, Inc.	LESI Safety Chairman
Risk Management	Department P. O. Box 32712	Chuck Kunsman
1 Olympic Plaza	Phoenix, AZ 85064-2712	26800 Farringdon Ave
Colorado Springs, CO 80909	FAX: (602) 274-9138	Euclid., Oh 44132
FAX: (719) 866-4050		FAX: 330-972-6715

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