

**USA SWIMMING
Report of Occurrence**

(Circle one) Personal Injury/Property Damage/Other

(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 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/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: _____ (____) _____ (____) _____
Please print Daytime Phone Evening Phone

Report Submitted By: _____ (____) _____ (____) _____
Please print 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
Risk Management Department
1 Olympic Plaza
Colorado Springs, CO 80909
FAX: (719) 866-4050

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

and: LSC Safety Chairman
% Minnesota Swimming
1001 Highway #7
Hopkins, MN 55305
FAX: (952) 988-4183

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