

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:  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	and: Risk Management Services, Inc.	and: LSC Safety Chairman
Risk Management Department	P. O. Box 32712	c/o PVS Administrative Office
1 Olympic Plaza	Phoenix, AZ 85064-2712	PO Box 3729
Colorado Springs, CO 80909	FAX: (602) 274-9138	Mc Lean VA 22103-3729
FAX: (719) 866-4050		FAX 703-759-2660

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