

**USA SWIMMING**  
**Report of Occurrence**

**Personal Injury/Property Damage (Please Print)**

Date 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: \_\_\_\_\_ 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/Warmup  Meet/Warmdown

Practice/Water  Practice/Dryland  Other: \_\_\_\_\_

Facility Name: \_\_\_\_\_ City/State: \_\_\_\_\_

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: \_\_\_\_\_  Other \_\_\_\_\_

Care Given on Site:  Ice  Immobilized  Bandage  Cleaned  Other \_\_\_\_\_

Parent/Guardian notified: No Yes Comment? \_\_\_\_\_

Taken to Clinic/Hospital: No Yes If yes, location: \_\_\_\_\_

\_\_\_\_\_

Please include names and phone numbers of three (3) witnesses: (If others, list on reverse)

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

Activity Supervisor: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*please print Daytime Phone Evening Phone*

Report Submitted By: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Date: \_\_\_\_\_  
*please print Daytime Phone Evening Phone*

**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	Trey Kohlhausen
One Olympic Plaza	Phoenix, AZ 85064-2712	3601 South Second Street
Colorado Springs, CO 80909	FAX: (602) 274-9138	Austin, TX 78704
FAX: (719) 575-4050		FAX: (512) 451-7811

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