

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
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Name	Address	(____) _____ Phone
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Name	Address	(____) _____ Phone
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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 Risk Management Department One Olympic Plaza Colorado Springs, CO 80909	and Risk Management Services, Inc. P. O. Box 32712 Phoenix, AZ 85064-2712 Fax: (602) 274-9138	and LSC Safety Chairman and Iowa Swimming Office
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Please attached any additional reports (facility reports, newspaper articles, witness statements)