

How to Submit the Online Report of Occurrence Form

How are USA Swimming and Risk Management Services, Inc. notified when an accident occurs? The Online Report of Occurrence form, available on the USA Swimming website at this link: www.usaswimming.org/ROO, is used for this purpose. Reporting all incidents, no matter how minor, is important to put both USA Swimming and its insurer on notice of accidents and potential claims.

A Report of Occurrence form should be submitted any time an injury occurs at a USA Swimming function, whether or not it involves a USA Swimming member. To summarize, injuries involving spectators should also be reported. The form should be filled out by a meet director or by any club personnel responsible at the time of the incident; the parents of the injured athlete should not be asked to complete the report form.

Once USA Swimming National Headquarters receives the report, information about the incident is entered into the USA Swimming database for future safety education and insurance references. When a Report of Occurrence form indicating an athlete or non-athlete participant is a USA Swimming registered athlete, information about the Excess Accident Medical Insurance Policy and claim forms are sent to the injured party('s) family. This program is excess to other primary insurance in place through the member's employment, school or family. The deductible is the greater of the total of other collectible benefits from primary insurance sources applicable to the injury or \$100 when there is no primary insurance.

*If, through technical reasons, a form cannot be submitted online, the attached Report of Occurrence form may be used. Copies of the completed report should be sent to the following:

USA Swimming
Attn: Risk Management
1 Olympic Plaza
Colorado Springs, CO 80909
Fax: (719) 866-4050
E-mail: millich@usaswimming.org

Risk Management Services, Inc.
PO Box 32712
Phoenix, AZ 85064-2712
Fax: (602) 274-9138
E-mail: sblumit@theriskpeople.com

and to *your* LSC Safety Coordinator

* Submitting the form by fax or email will delay processing as the information will be hand entered into the online database. This might also delay the injured party receiving the necessary insurance information they may need to file a claim with the insurance company.

The Report of Occurrence forms keep Risk Management Services, Inc. informed of potential claims or liability situations. If the accident is of a serious nature, USA Swimming National Headquarters confers with Risk Management Services and an investigation of the incident is initiated.

For use only if submitting online is not available: 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	and:	Risk Management Services, Inc.	and:	LSC Safety Chairman
Risk Management Department		P. O. Box 32712		
1 Olympic Plaza		Phoenix, AZ 85064-2712		
Colorado Springs, CO 80909		FAX: (602) 274-9138		
FAX: (719) 866-4050s		sblumit@theriskpeople.com		
millich@usaswimming.org				

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