



USA Swimming Report of Occurrence

To be completed by coach / official / club or facility representative (not parent or injured party). PLEASE REFRAIN FROM USING PERSONAL NAMES IN THE ADDITIONAL DETAIL FIELDS. Indicate "athlete" or "swimmer" instead, as in "swimmer slipped and fell on pool deck" or "athlete's knee was injured."

INJURED PARTY INFORMATION

First Name (legal) *

Last Name (legal) *

Address *

City *

State *

Zip Code *

Contact Phone (include area code) *

E-mail

Gender * Male Female

Date of Birth (mm/dd/yyyy) *

Age at Time of Accident *

USA Swimming Member * Yes No

Is the injured athlete currently enrolled in Elite Athlete Health Insurance through the US Olympic Committee (N/A for non-athletes)? Yes No

LSC

Name of Club (enter UN if unattached)

USA Swimming ID (if known)

ACCIDENT INFORMATION

Date of Accident *

- Activity at Time of Injury *
- Meet - Competition Meet - Warm-up
 Meet - Warm Down Meet - Entering / Pool
 Meet - Watching / Observing Meet - Walking
 Practice - Entering / Exiting Pool Practice - Dry Land

- Practice - Other
- Swimjitsu - Entering / Exiting Pool
- Swimjitsu - Dry Land
- Swimjitsu - Other
- Other

Where Accident Occurred *

- Water - Start End
- Water - Turn End
- Water - Side
- Water - Bottom
- Water - Lane Lines
- Bleachers - Athlete's
- Bleachers - Spectator's
- Deck
- Starting Blocks
- Locker Room
- Team Area
- Hallway
- Stairs
- Gym
- Outside Venue
- Other

Source of Injury *

- Slip / Trip / Fall
- Struck Against / Ran Into
- Lifting / Straining
- Insect Sting / Bite
- Foreign Body
- Air Quality
- Heat / Sun
- Other

Additional Details of Accident [?](#)

FACILITY INFORMATION

Facility Name *

Address

City *

State *

Zip Code

Swim Club Responsible for the Pool

Pool Type * Indoor Outdoor

INJURY INFORMATION

- Body Part Injured ***
- Head - Top
 - Head - Back
 - Head - Side
 - Head - Forehead
 - Face - Eye
 - Face - Ear
 - Face - Nose
 - Face - Mouth / Teeth / Lips
 - Face - Chin
 - Face - Cheek
 - Neck
 - Back
 - Chest / Stomach
 - Arm / Wrist
 - Hand / Finger
 - Leg
 - Knee
 - Ankle

Foot / Toe Other

- Symptom ***
- | | | |
|----------------------------------------------|-----------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Cut | <input type="checkbox"/> Bruise | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Swelling | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Burn |
| <input type="checkbox"/> Seizure | <input type="checkbox"/> Other <input type="text"/> | |

Additional Details of Injury [?](#)

FIRST AID INFORMATION

On-site Care Given * Yes No

Care Refused by Injured * Yes No

Parent / Guardian Notified * Yes No

Taken to Hospital / Clinic * Yes No Unknown

CONTACT INFORMATION FOR TWO WITNESSES

Name (witness one)

Address

City

State

Zip Code

Phone

Name (witness two)

Address

City

State

Zip Code

Phone Number

Activity / Meet Supervisor

Contact Phone

REPORT SUBMITTED BY

Name (submitted by) *

Contact Phone *

Email Address * 

Click the SUBMIT button when you have completed the form. You will receive an e-mail copy of your submission. Please forward it to the appropriate Safety Chair for your LSC.

Submit