

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: _____ Gender: 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 Meet - Entering/Exiting Pool Meet - Walking
 Practice - Entering/Exiting Pool Practice/Water Practice/Dry-land Other: _____
 Swimjitsu - Entering/Exiting Pool Swimjitsu - Dry-land Swimjitsu - 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: _____