



## USA Swimming Report of Occurrence

### INSTRUCTIONS

To be completed by USA Swimming:

- Coach
- Official
- Club designated personnel

Complete a Report of Occurrence for injuries or medical incidents involving USA Swimming members and non-members occurring during a USA Swimming activity. **The report should be completed as soon as possible, at least within 24 hours after the occurrence.**

If the occurrence involves serious injury (example: fatality, multiple individuals, life-threatening event), please notify your [Team Services member](#) or USA Swimming at 719-217-4796.

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### 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

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### FACILITY INFORMATION

Facility Name \*

Address \*

City \*

State \*  

Zip Code

Facility Type \* ☐ Indoor pool ☐ Outdoor pool  
☐ Open water ☐ Other location

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## OUTCOME

Were parents / guardians notified \* ☐ Yes ☐ No ☐ N/A

Was care declined? \* ☐ Yes ☐ No

Was 911 or emergency service called? \* ☐ Yes ☐ No

Taken by ambulance? \* ☐ Yes ☐ No

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## ACCIDENT INFORMATION

Date of Accident \*  

Type of Event \*

- ☐ Pool Meet
- ☐ Practice/Camp
- ☐ Open Water
- ☐ Travel (with team)
- ☐ Social Activity
- ☐ Fundraising Activity
- ☐ Swim Tryouts (30 day trial period)
- ☐ USA Swimming Member Coach Training
- ☐ Other (if other please email riskmanagement@usaswimming.org to explain)

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## INJURY INFORMATION

Injury severity (select only 1) \*

- ☐ Minor: no care on site or on-site first aid only
- ☐ Medium: Needing follow up medical care (clinic, doctor, hospital)
- ☐ Severe: needing extended care (broken bone, extended recovery)
- ☐ Catastrophic: fatality, permanent disability (ex. blindness, paralysis, amputation)

Type of Injury or Health Event/Illness (select up to 2) \*

- ☐ Swimmer collision in water (2 athletes or more)
- ☐ Swimmer collision with object in water (lane lines, pool bottom, wall, open water obstacles)
- ☐ Slip/trip/fall
- ☐ Crush injury
- ☐ Struck by
- ☐ Amputation

- ☐ Extreme fatigue/overexertion
- ☐ Environmental exposure
- ☐ Health Event, Illnesses (ex. asthma, insect bites, non-physical injuries)

**Body Part Injured (Select up to 2) \***

- ☐ Head
- ☐ Mouth/teeth/lips
- ☐ Face
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Back
- ☐ Arm/shoulder/wrist/hand/fingers
- ☐ Leg/ankle/toes
- ☐ General health incident/illness (ex. asthma attack, panic attack, etc.)

**Symptom/Type of Injury (Select up to 2) \***

- ☐ Suspected concussion
- ☐ Cut
- ☐ Bruise
- ☐ Sprain/strain
- ☐ Fracture
- ☐ Burn
- ☐ Shortness of breath
- ☐ Seizure
- ☐ Swelling
- ☐ Nausea/Vomiting
- ☐ Unconsciousness
- ☐ Bleeding
- ☐ Health Event or Illness (ex. difficulty breathing, asthma attack, chest pain, etc.)

**Description: Provide a description of 1) how the injury or health event/illness occurred and 2) the type of injury or health event/illness. \*Please refrain from using personal names in this field. Use Athlete, Coach, Official, etc.) \***

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**CONTACT INFORMATION FOR TWO WITNESSES**

Name (witness one)

Address

City

State

Zip Code

Phone

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Name (witness two)

Address

City

State

Zip Code

Phone Number

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Activity / Meet Supervisor

Contact Phone

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#### REPORT SUBMITTED BY

Name (submitted by) \*

Contact Phone \*

Email Address \*

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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