

USA SWIMMING
Report of Occurrence

Personal Injury/Property Damage (Please Print)

Date of Accident: _____ LSC: _____ Name of Club: _____

Injured: Registered Athlete Seasonal Athlete Registered NonAthlete Guest/Spectator Other _____

Name(Legal): _____ USA Swimming Athlete ID#: _____

Date of Birth: _____ Age: _____ Sex: M F Phone: (____) _____

Address: _____ City/State/Zip: _____

Place where accident occurred: Deck Offsite Outside Pool In Water On Blocks Bleachers
 Locker Room Hallway Gym Cafeteria Stairs Other _____

Activity: Meet Practice Warm-Ups Dryland Practice Warm-Down Other _____

Facility Name: _____ City/State: _____

Describe the Accident: _____

Injured Body Part (Specify R or L): Leg/Foot Head/Neck Ears/Nose/Mouth/Teeth Knees Torso
 Internal Shoulder Hand/Arm Other _____

Probable Nature of Injury: _____

On Site Care Given by: Coach Parent EMT/Paramedic Other _____

Care Given on Site: Ice Immobilized Bandage Cleaned Other _____

Parent/Guardian notified: Yes No Comment? _____

Taken to (Name/Location): _____

Please include names and phones numbers of three (3) witnesses:

Name	Address	(____) _____ Phone
Name	Address	(____) _____ Phone
Name	Address	(____) _____ Phone

Activity Supervisor: _____ Phone: (____) _____

Report Submitted By: _____ Phone: (____) _____ Date: _____

Instructions: Club Personnel or Club Safety Coordinator is responsible for returning completed form immediately following an accident to:

USA Swimming
Risk Management Department
One Olympic Plaza
Colorado Springs, CO 80909
FAX: (719) 575-4050

and: Peak Insurance Group
P. O. Box 32712
Phoenix, AZ 85064-2712
FAX: (602) 274-1117

and: LSC Safety Chairman

Please attach any additional accident reports (facility report, newspaper article, witness statements).