USA SWIMMING Report of Occurrence

	njury/Property Damage	•			
(Please Print Clearly) Date of Incident:	Time of Incident: _	LSC:	Name of Cl	lub:	
Injured: 🗖 Athlete 🗖 🤇	Coach 🗖 Official 🗖 Member/o	other:	Guest/S	pectator D Other:	
Name (Legal): USA Swimming ID#				D#:	
Address:		City/Sta	te/Zip:		
Date of Birth:	Age: Sex: C	M G F Phone:	()		
Activity: Meet/Co		Venue (List)	down	□ Bleachers □ Hallway □ Stairs □ Other	
Facility Type: Indoo					
	□ Shoulder	Torso Intern	al D Other:	eeth 🗖 Hand/Arm 🗖 Knees	
On Site Care Given by: Coach Parent EMT/Paramedic Facility Staff:					
Care Refused by Injure	d: 🛛 Yes 🗖 No	-			
Parent/Guardian notifie	d: □No □Yes Comment?				
Taken to Clinic/Hospita	ıl: □No □Yes If yes, loca	ation:			
Please include names an	nd phone numbers of two (2) w	vitnesses: (If others	, list on reverse)		
Name	Address			()Phone	
Name	Address			()Phone	
Activity Supervisor:				()	
Report Submitted By: _	Please print	()	Daytime Phone	Evening Phone	
	Please print	(/	Daytime Phone	Evening Phone	
Club Personnel/Club S USA Swimming Risk Management Depa 1 Olympic Plaza Colorado Springs, CO FAX: (719) 866-4050	and:		nt Services, Inc. 54-2712	bmitted: mmediately following incident to: and: LSC Safety Chairman c/o Steve Woolfolk 1043 Almond Drive Vinton, VA 24179 (540)-890-6160 woolfolks@aol.com	

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

Revised 9/2008