## **USA Swimming Repost of Occurrence**

Personal Injury / Property Dam	<u>iage (Please p</u>	rint legibly)		
Date of Incident: LSC		Name of Club:		
Injured: [ ] Athlete	[ ] Coach	[ ] Official	[ ] Member/other	[ ] Guest/spectator [ ] Othe
Legal Name:		USA S	Swimming ID #:  _	_ _ _ _
Street Address:			_ City/State/Zip:	
Date of Birth:	Age: _		[ ] Female [ ] Male	Phone: ()-
Where did the incident occur:	[ ] In Water	[ ] On Deck	[ ] On Blocks [ ] In	Locker Room [ ] In a Hallway
[ ] On Stairs	[ ] In a Gym	[ ] Outside:	Exactly where Outside	?[ ] Other
Activity: [ ] Competition Facility name:			[ ] Practice water City / State:	[ ] Practice dry land
Describe the incident (continue of				
Affected body part (specify right	or left): [ ] He	ad [ ] Nec	ck []Ears/Nose	/Mouth/Teeth [ ] Hand/Arm
	[ ] Sh	oulder [ ] Tor	so [ ] Internal	[ ] Other
Describe the injury:				
On-site care given by: [ ] Coac	ch []Pa	rent [ ] Sta	ff []EMT/Para	medic [ ] Other
Care given on-site: [ ]Ice	[ ] lmı	mobilized [ ]Ban	dage [ ] Cleaned	[ ] Other
Parent/Guardian Notified? [ ] Ye	es []No	Comme	ents:	
Transported to a medical facility?	? []No	[ ]Yes	Name and loc	ation:
Please list names, addresses, ar	nd phone numb	ers of three (3) w	vitnesses:	
				Phone: ( )-
				Phone: ( )-
				Phone: ()-
Facility Supervisor:			Phone: (	)-
Report submitted by:				d <u>-</u>
Daytime phone: ()-			Evening phone	e: <u>(</u> )-

Club Personnel or Safety Coordinator is responsible for submitting this completed form immediately following the incident to:

USA Swimming Risk Management Department One Olympic Plaza Colorado Springs, CO 89090-FAX: (719)-866-4050 Risk Management Services, Inc. P. O. Box #32712 Phoenix, AZ 85064-2712 FAX: (602)-274-9138 Trey Kohlhausen LSC Safety Chair 3610 South 2nd Street Austin, TX 78704-6949 FAX: (512)-451-7811