



MIDWESTERN SWIMMING

USA SWIMMING Report of Occurrence

(Circle one) Personal Injury/Property Damage/Other

(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: Sex: 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 Practice/Water Practice/Dry-land 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:

Club Personnel/Club Safety Coordinator is responsible for returning completed form immediately following incident to: USA Swimming Risk Management Services, Inc. LSC Safety Chairman David Nelson 701 W Maple Ave Apt 6 Norfolk NE 68701