## USA Swimming - Report of Occurrence - Draft Copy Only - Submit Online

Use this form for notes only, go to the ONLINE REPORT OF OCCURRENCE FORM to key in the information you documented below

## Report ALL occurrences/accidents, regardless of how minor

Club Personnel or Club Safety Coordinator is responsible for ONLINE REPORTING - <a href="www.usaswimming.org/ROO">www.usaswimming.org/ROO</a> and a copy of the report submitted must be sent to Laurie Benton at <a href="laurie@pacswim.org">laurie@pacswim.org</a>

(Circle one) Personal I	njury/Property Damage/Other			
(Please Print Clearly) Date of Incident:	Time of Incident:	LSC:	Name of Club:	
Injured: 🗖 Athlete 🗖 C	oach 🗖 Official 🗖 Member/other	·:	☐ Guest/Spectator ☐ O	ther:
Name (Legal):		USA S	wimming ID#:	
Address:		City/State/Zip:		
Date of Birth:	Age: Sex: 🗖 M 🗖	<b>T</b> F Phone: ()		
Activity:	ccur?:	nue (List) Meet/Warm dow	Other _	
Facility Type: 🗖 Indoor	· 🗖 Outdoor			
Affected Body Part (Spec	sify R or L):			nd/Arm 🗖 Knees
		orso 🗖 Internal 🗖 🤇	Other:	
Describe the Injury:	☐ Shoulder ☐ To	orso 🗖 Internal 🗖 (	Other:	
Describe the Injury: On Site Care Given by: Care Given on Site: ☐ I Care Refused by Injured: If yes, Signature of Injur	□ Shoulder □ To □ Coach □ Parent □ EMT/Para ce □ Immobilized □ Bandage □ □ Yes □ No ed or of Guardian/Parents if unde	amedic	Other: fi: name of person giving .	care
Describe the Injury: On Site Care Given by: Care Given on Site: □ I Care Refused by Injured: If yes, Signature of Injur Parent/Guardian notifie	□ Shoulder □ To □ Coach □ Parent □ EMT/Para ce □ Immobilized □ Bandage □ □ □ Yes □ No ed or of Guardian/Parents if unde	amedic	Other:  f:	care
Describe the Injury: On Site Care Given by: Care Given on Site: □ I Care Refused by Injured: If yes, Signature of Injur Parent/Guardian notifie Taken to Clinic/Hospita	□ Shoulder □ To □ Coach □ Parent □ EMT/Para ce □ Immobilized □ Bandage □ □ Yes □ No ed or of Guardian/Parents if unde d: □No □Yes Comment? l: □No □Yes If yes, location	orso	Other:	care
Describe the Injury: On Site Care Given by: Care Given on Site: □ I Care Refused by Injured: If yes, Signature of Injur Parent/Guardian notifie Taken to Clinic/Hospita	□ Shoulder □ To □ Coach □ Parent □ EMT/Para ce □ Immobilized □ Bandage □ □ □ Yes □ No ed or of Guardian/Parents if unde	orso	Other:	care
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Describe the Injury: On Site Care Given by: Care Given on Site: □ I Care Refused by Injured: If yes, Signature of Injur Parent/Guardian notifie Taken to Clinic/Hospita Please include names and	□ Shoulder □ To □ Coach □ Parent □ EMT/Para ce □ Immobilized □ Bandage □ □ Yes □ No ed or of Guardian/Parents if unde d: □No □Yes Comment? l: □No □Yes If yes, location d phone numbers of two (2) witnes  Address  Address	amedic	Phone (	care
Describe the Injury: On Site Care Given by: Care Given on Site: □ I Care Refused by Injured: If yes, Signature of Injur Parent/Guardian notifie Taken to Clinic/Hospita Please include names and Name Name	□ Shoulder □ To □ Coach □ Parent □ EMT/Para ce □ Immobilized □ Bandage □ □ Yes □ No ed or of Guardian/Parents if unde d: □No □Yes Comment? l: □No □Yes If yes, location d phone numbers of two (2) witnes Address	orso	Phone	care

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