

How to Submit the Report of Occurrence Form

How are USA Swimming and Risk Management Services, Inc. notified when an accident occurs? The Report of Occurrence form, supplied to all club and non-athlete members in annual membership mailings, is used for this purpose. Reporting all incidents, no matter how minor, is important to put both USA Swimming and its insurer on notice of accidents and potential claims.

A Report of Occurrence form should be completed any time an injury occurs at a USA Swimming function, whether or not it involves a USA Swimming member. To summarize, injuries involving spectators should also be reported. The form should be filled out by a meet director or by any club personnel responsible at the time of the incident; the parents of the injured athlete should not be asked to complete the report form.

Once USA Swimming National Headquarters receives the report, information about the incident is entered into the USA Swimming database for future safety education and insurance references. When a Report of Occurrence form indicating an athlete or non-athlete participant is a USA Swimming registered athlete, information about the Excess Accident Medical Insurance Policy and claim forms are sent to the injured party('s) family. This program is excess to other primary insurance in place through the member's employment, school or family. The deductible is the greater of the total of other collectible benefits from primary insurance sources applicable to the injury or \$100 when there is no primary insurance.

Below is the **Online Report of Occurrence form**. The Report of Occurrence shall be submitted by the coach, official or someone affiliated with the club/facility any time there is an accident or injury during any USA Swimming activities such as Sanctioned or Approved swim meets, swimming practices, contracted Swim-a-Thons or approved social events. The parent or injured party should NOT submit the form. The online form does require that certain sections, indicated by an asterisk, be completed before it can be submitted. If you have any questions, please contact George Ward at (719) 866-4578 or email, gward@usaswimming.org.

Click the link below to begin the process:

Online Report of Occurrence Form (<https://fs22.formsite.com/usaswimming/form18/index.html>)

Upon submission of the completed Report of Occurrence, you will receive an automated email indicating that USA Swimming has received the form. In the body of the email is a detailed account of the information that was reported. This email can be printed or saved to a file for record keeping. **PLEASE FORWARD A COPY OF THIS EMAILED REPORT TO** Bob Martens, LESI Safety Chair, at bobmartens@wowway.com.

Note: If you are unable to submit the online form at the meet, you may print a *draft* paper copy (please see form on next page), to document the necessary details and then you, or someone from your club, will enter the report online as soon as possible.

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: _____ (____) _____ (____) _____

Report Submitted By: _____ (____) _____ (____) _____
Please print Daytime Phone Evening Phone

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 Department
1 Olympic Plaza
Colorado Springs, CO 80909
FAX: (719) 866-4050

and: Risk Management Services, Inc.
P. O. Box 32712
Phoenix, AZ 85064-2712
FAX: (602) 274-9138

and: LSC Safety Chairman

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