

REPORT OF OCCURRENCE
UNITED STATES MASTERS SWIMMING, INC.

Injured Person's Name _____ Age _____
Address _____ Phone _____
City/State/Zip _____
Club Affiliation _____
Activity Taking Place at Time of Accident _____

Place Where Accident Occurred _____
(include City/St/Zip) _____
Date of Accident _____ Day of Week _____ Hour _____
Describe Accident _____

Person in Charge of the Activity _____
Address _____ Phone _____
City/St/Zip _____
Probable Nature of the Injury _____
Who Determined Nature of the Injury _____
What was Done On-Site for Injured _____
Where Taken for Treatment _____
Who Provided Treatment (name) _____

Name and Address of Three Witnesses:

1. _____
2. _____
3. _____

Additional Witnesses, List Names and Addresses on Reverse

Remarks _____

Report Submitted By _____ Date _____
Address _____ Phone _____
City/St/Zip _____

Please attach any additional accident reports (facility report, newspaper, witnesses' statements). Mail this report to:

RISK MANAGEMENT SERVICES, INC.

PO BOX 32712

PHOENIX, AZ 85064-2712

OR FAX TO 602-274-9138

E-MAIL sblumit@theriskpeople.com

You must report all occurrences immediately. Thank you for your time and cooperation.