

**REPORT OF OCCURRENCE**  
***Southern Pacific Masters Swimming***

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 \_\_\_\_\_ Email \_\_\_\_\_

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.