USA VOLLEYBALL

INCIDENT REPORT FOR M INJURY OR PROPERTY DAMAGE

Submit this form to:

SUBMIT THIS FORM TO YOUR REGIONAL VOLLEYBALL OFFICE (ADDRESS ABOVE)

INJURED PERSON INFORMATION / PROPERTY DAMAGE OWNER

Last Name First Middle

Telephone Number ( )

☐ Single ☐ Married

Address

Social Security Number ________ _____ _________

City ______________________________ State______ Zip____________

Age________ D.O.B _____ ___– ______ ☐ Male ☐ Female

Employer and Address ______________________________________

Date of Incident __________________ Time of Incident ________AM/PM

Team Name: ____

Region: ____

USAV Membership #: ____

Does the injured person have other medical insurance? Yes ☐ No

If yes, please provide name of company and policy #:

INJURED PERSON: ☐ Participant ☐ Official ☐ Coach ☐ Spectator ☐ Volunteer ☐ Other: ____________

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name First Middle

Telephone Number ( )

Address City State Zip

INCIDENT INFORMATION

BODY PART INJURED

☐ Ankle (L/R) ☐ Shoulder (L/R) ☐ Back
☐ Knee (L/R) ☐ Wrist (L/R) ☐ Neck
☐ Nose ☐ Finger ☐ Internal
☐ Head ☐ Eye (L/R) ☐ No Injury
☐ Tooth ☐ Ear (L/R) ☐ Other

☐ Taped ☐ Supported
☐ Unsupported
Shoes: ☐ Yes ☐ No
If Ankle Injury, was ankle

If Knee Injury, was knee:
☐ Braced ☐ Supported
☐ Unsupported
Knee Pads: ☐ Yes ☐ No

INCIDENT

☐ Collision (participant/spectator)
☐ Collision (with object)
☐ Collision (participant/participant)
☐ Collision (spectator/spectator)
☐ Struck by falling/flying object
☐ Caught in, on, between
☐ Animal/insect bite/sting
☐ Slip/Fall
☐ Overexertion
☐ Assault/Sexual
☐ Assault/Non-Sexual
☐ **Property Damage**

☐ Concrete ☐ Asphalt
☐ Grass ☐ Sand
☐ Wood ☐ Sport Court

COURT SURFACE

If sport court, what is under
Wood
☐ Concrete ☐ Asphalt *-lying surface?*

CLASSIFICATION

☐ Non-injury
☐ Minor injury or illness
☐ Serious injury or illness

☐ Before Competition/Event
☐ During Competition/Event
☐ After Competition/Event☐

INCIDENT LOCATION

☐ Competition area
☐ Concession area
☐ Parking lot
☐ Admission area
☐ Restrooms/locker rooms
☐ Off property
☐ Bleachers/stands

PRIMARY INJURY

☐ Allergy ☐ Dislocation
☐ Amputation ☐ Nausea
☐ Foreign Body ☐ Burn
☐ Laceration ☐ Fracture
☐ Heat Exhaustion ☐ Pain
☐ Hypertension ☐ Cardiac
☐ Cold Injury ☐ Contusion
☐ Electrical Shock ☐ Seizures
☐ Strain/Sprain ☐ Concussion
☐ Abrasion ☐ Sting/bite
☐ Illness ☐ Death

DISPOSITION

No care given:
☐ Patient refused
☐ Not needed
Released:
☐ To parent
☐ To personal vehicle
Referral
☐ To doctor
☐ To hospital/clinic

EMS transport
☐ Trainer recommended
☐ Patient/parent quested :

Describe how the injury or property damage occurred: (attach a separate sheet if necessary)

WITNESS INFORMATION

Name	Address	Telephone Number
1.		( )
2.		( )

Tournament Director, Club Director, Coach and/or USA Volleyball Official completing this form:

Name: ____ **Signature:** ____

Title: ____ **Date:** ___________________ **Phone #:** (____)________________________

Event Name: ____

Event Location:____

Sanctioning Region: ____ **Region Signature:**____