2007
USA Volleyball
INCIDENT REPORT FORM
Injury or Property Damage

Send this form to:
Mark Thompson
American Specialty
142 N. Main Street
Roanoke, IN 46783
Phone: (260) 673-1126 or (800) 245-2744
Fax: (260) 673-1291
E-Mail: mthompso@amerspec.com

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** _____ _____
Location/Event: _____ **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

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

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

INCIDENT

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

COURT SURFACE

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

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

CLASSIFICATION

☐ Non-injury
☐ Minor injury or illness
☐ serious injury or illness

INCIDENT LOCATION

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

☐ 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 requested

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 #:** (_____)_____

Revised 10/23/06