USA VOLLEYBALL
INCIDENT REPORT FORM
INJURY OR PROPERTY DAMAGE

USAVolleyball

Submit this form to:
Ann Davenport
1500 S Anaheim Blvd, Suite 280
Anaheim, CA 92805
714-917-3595; Fax: 714-917-3596

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

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 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:** _____

Region Use Only: For processing, please submit this form to: American Specialty, Lowell Gratigny, Post Office Box 459, Roanoke, IN 46783; Phone: 260-673-1128 or 800-245-2744; Fax: 260-678-8835; Email: lgratigny@amerspec.com