



USA VOLLEYBALL INCIDENT REPORT FORM 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 _____	Phone #: (____) _____
Age _____ D.O.B. _____ ☐ Male / ☐ Female	Does the injured person have other medical insurance? ☐ Yes ☐ No If yes, please provide name of company and policy #:
Date of Incident _____ Time of Incident _____ ☐ / ☐ AM/PM	INJURED PERSON: ☐ Participant ☐ Official ☐ Coach
Event Name: _____	☐ Spectator ☐ Volunteer ☐ Other: _____
Team Name: _____	GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)
USAV Region: _____	Last Name _____ First _____
USAV Membership #: _____	Phone #: (____) _____

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) ☐ 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
SURFACE CONDITIONS ☐ Slippery/Wet ☐ Asphalt ☐ Grass ☐ Concrete ☐ Wood ☐ Sand If sport court, what is underlying surface? ☐ Wood ☐ Concrete ☐ Asphalt	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
		(____) _____
		(____) _____

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

Name: _____ Signature: _____

Title: _____ Date: _____ Phone #: (____) _____

Region Signature: _____