USA Volleyball
Incident Report Form
Injury or Property Damage

Send this form to:
Lowell Gratigny
American Specialty
142 N. Main Street, Roanoke, IN 46783
Phone: 260-673-1128 or 800-245-2744
Fax: 260-673-1291
lgratigny@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** _____ _____
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)
- ☐ 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**

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 ed 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 #:** (_____)_____