USA VOLLEYBALL
INCIDENT REPORT FORM
INJURY OR PROPERTY DAMAGE

Submit this form to:
Iowa Volleyball Region
4600 Park Ave Suite 201
Des Moines IA 50321-1367
FAX: 515-727-1861

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)
☐ 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 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: 260-672-8835; Email: lgratigny@amerspec.com