



# 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

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Telephone Number</b> (    )	<b>Single</b>	<b>Married</b>
<b>Address</b>			<b>Social Security Number</b> _____		
City _____ State _____ Zip _____			Employer and Address _____		
Age _____ D.O.B _____ Male Female			_____		
<b>Date of Incident</b> _____ <b>Time of Incident</b> _____ <b>AM/PM</b>			<b>Does the injured person have other medical insurance?</b> <b>Yes</b>		
<b>Team Name:</b> _____			<b>No</b>		
<b>Region:</b> _____			If yes, please provide name of company and policy #:		
USAV Membership #: _____			<b>INJURED PERSON:</b> Participant    Official    Coach Spectator    Volunteer    Other: _____		

### GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Telephone Number</b> (    )
<b>Address</b>		<b>City</b>	<b>State</b>
		<b>Zip</b>	

### INCIDENT INFORMATION

<b>BODY PART INJURED</b>	<i>If Ankle Injury, was ankle</i>	<b>INCIDENT</b>
Ankle (L/R)    Shoulder (L/R)    Back	Taped    Supported	Collision (participant/spectator)
Knee (L/R)    Wrist (L/R)    Neck	Unsupported	Collision (with object)    Slip/Fall
Nose    Finger    Internal	Shoes:    Yes    No	Collision (participant/participant)    Overexertion
Head    Eye (L/R)    No Injury	<i>If Knee Injury, was knee:</i>	Collision (spectator/spectator)    Assault/Sexual
Tooth    Ear (L/R)    Other	Braced    Supported	Struck by falling/flying object    Assault/Non-Sexual
	Unsupporte	Caught in, on, between <b>Property Damage</b>
	<i>Knee Pads:</i> Yes    No	Animal/insect bite/sting

<b>COURT SURFACE</b>	<b>INCIDENT LOCATION</b>	<b>PRIMARY INJURY</b>	<b>DISPOSITION</b>
Concrete    Asphalt	Before Competition/Event	Allergy    Dislocation	<i>No care given:</i>
Grass    Sand	During Competition/Event	Amputation    Nausea	Patient ed refused
Wood    Sport Court	After Competition/Event	Foreign Body    Burn	Not needed
<i>If sport court, what is under-lying surface?</i>	Competition area	Laceration    Fracture	<i>Released:</i>
Wood	Concession area	Heat Exhaustion    Pain	To parent
Concrete    Asphalt	Parking lot	Hypertension    Cardiac	To personal vehicle
<b>CLASSIFICATION</b>	Admission area	Cold Injury    Contusion	<i>Referral</i>
Non-injury	Restrooms/locker rooms	Electrical Shock    Seizures	To doctor
Minor injury or illness	Off property	Strain/Sprain    Concussion	To hospital/clinic
Serious injury or illness	Bleachers/stands	Abrasion    Sting/bite	<i>EMS transport:</i>
		Illness    Death	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 #: (    ) \_\_\_\_\_