



USA VOLLEYBALL INCIDENT REPORT FORM INJURY OR PROPERTY DAMAGE

Submit this form to:

Bob Price, OVR Commissioner
6608 Blackhawk Circle
Westerville, OH 43082

SUBMIT THIS FORM TO YOUR REGIONAL VOLLEYBALL OFFICE (ADDRESS ABOVE)

INJURED PERSON INFORMATION / PROPERTY DAMAGE OWNER

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

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name	First	Middle	Telephone Number ()
Address City State		Zip	

INCIDENT INFORMATION

<p>BODY PART INJURED</p> <input type="radio"/> Ankle (L/R) <input type="radio"/> Shoulder (L/R) <input type="radio"/> Back <input type="radio"/> Knee (L/R) <input type="radio"/> Wrist (L/R) <input type="radio"/> Neck <input type="radio"/> Nose <input type="radio"/> Finger <input type="radio"/> Internal <input type="radio"/> Head <input type="radio"/> Eye (L/R) <input type="radio"/> No Injury <input type="radio"/> Tooth <input type="radio"/> Ear (L/R) <input type="radio"/> Other	<p>If Ankle Injury, was ankle</p> <input type="radio"/> Taped <input type="radio"/> Supported <input type="radio"/> Unsupported Shoes: <input type="radio"/> Yes <input type="radio"/> No	<p style="text-align: center;">INCIDENT</p> <input type="radio"/> Collision (participant/spectator) <input type="radio"/> Collision (with object) <input type="radio"/> Slip/Fall <input type="radio"/> Collision (participant/participant) <input type="radio"/> Overexertion <input type="radio"/> Collision (spectator/spectator) <input type="radio"/> Assault/Sexual <input type="radio"/> Struck by falling/flying object <input type="radio"/> Assault/Non-Sexual <input type="radio"/> Caught in, on, between <input type="radio"/> Property Damage <input type="radio"/> Animal/insect bite/sting	
<p>COURT SURFACE</p> <input type="radio"/> Concrete <input type="radio"/> Asphalt <input type="radio"/> Grass <input type="radio"/> Sand <input type="radio"/> Wood <input type="radio"/> Sport Court <i>If sport court, what is under-lying surface?</i> <input type="radio"/> Wood <input type="radio"/> Concrete <input type="radio"/> Asphalt	<p>INCIDENT LOCATION</p> <input type="radio"/> Before Competition/Event <input type="radio"/> During Competition/Event <input type="radio"/> After Competition/Event <input type="radio"/> Competition area <input type="radio"/> Concession area <input type="radio"/> Parking lot <input type="radio"/> Admission area <input type="radio"/> Restrooms/locker rooms <input type="radio"/> Off property <input type="radio"/> Bleachers/stands	<p>PRIMARY INJURY</p> <input type="radio"/> Allergy <input type="radio"/> Dislocation <input type="radio"/> Amputation <input type="radio"/> Nausea <input type="radio"/> Foreign Body <input type="radio"/> Burn <input type="radio"/> Laceration <input type="radio"/> Fracture <input type="radio"/> Heat Exhaustion <input type="radio"/> Pain <input type="radio"/> Hypertension <input type="radio"/> Cardiac <input type="radio"/> Cold Injury <input type="radio"/> Contusion <input type="radio"/> Electrical Shock <input type="radio"/> Seizures <input type="radio"/> Strain/Sprain <input type="radio"/> Concussion <input type="radio"/> Abrasion <input type="radio"/> Sting/bite <input type="radio"/> Illness <input type="radio"/> Death	<p>DISPOSITION</p> <i>No care given:</i> <input type="radio"/> Patient refused <input type="radio"/> Not needed <i>Released:</i> <input type="radio"/> To parent <input type="radio"/> To personal vehicle <i>Referral</i> <input type="radio"/> To doctor <input type="radio"/> To hospital/clinic <i>EMS transport:</i> <input type="radio"/> Trainer recommended <input type="radio"/> Patient/parent requested

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: _____