**Submit this form to:**

**USA VOLLEYBALL**

**INCIDENT REPORT FORM INJURY OR PROPERTY DAMAGE**

claims@agadm.com

**CC:** jjacobson@americanspecialty.com

# SUBMIT THIS FORM TO YOUR REGIONAL VOLLEYBALL OFFICE (ADDRESS ABOVE) INJURED PERSON INFORMATION / PROPERTY DAMAGE OWNER

|  |  |  |
| --- | --- | --- |
| **Last Name First Middle** | **Telephone Number ( )** |  |
| **Address** | **Social Security Number \_**  |
| **City State Zip Age D.O.B**  | **Employer and Address**  |
| **Date of Incident Time of Incident AM/PM Team Name: Region**: USAV Membership #:  | **Does the injured person have other medical insurance?**If yes, please provide name of company and policy #: **INJURED PERSON:** |



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

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

**INCIDENT INFORMATION**



|  |  |  |
| --- | --- | --- |
| **BODY PART INJURED**Finger | ***If Ankle Injury, was ankle****Shoes****If Knee Injury, was knee:****Knee Pads* | **INCIDENT**Collision (participant/spectator)Collision (with object) Slip/Fall Collision (participant/participant) Overexertion Collision (spectator/spectator) Assault/SexualStruck by falling/flying object Assault/Non-SexualCaught in, on, between **Property Damage**Animal/insect bite/sting |
| **COURT SURFACE** *If sport court, what is under-lying surface?*Wood | **INCIDENT LOCATION**Competition/Event | **PRIMARY INJURY** | **DISPOSITION***No care given*:needed*Released:**Referral**EMS transport*: |
| **CLASSIFICATION**-injury |
| **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: