**Submit this form to:**



**USA VOLLEYBALL**

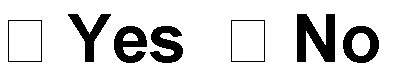
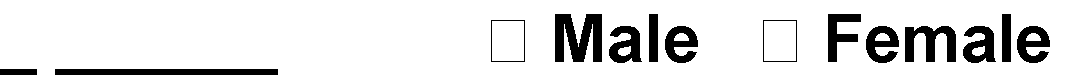
**INCIDENT REPORT FORM INJURY OR PROPERTY DAMAGE**

**ODR Commissioner  
PO Box 6828  
Richmond, VA 23230**

[claims@agadm.com](mailto:claims@agadm.com)  
CC: [jjacobson@americanspecialty.com](mailto:jjacobson@americanspecialty.com)

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

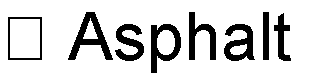
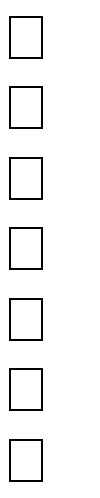
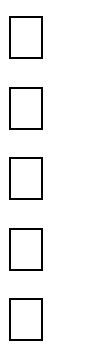
|  |  |  |
| --- | --- | --- |
| **Last Name First Middle** | **Telephone Number ( )** |  |
| **Address** | **Social Security Number \_** | |
| **City State Zip Age D.O.B** | **Employer and Address** | |
| **Date of Incident Time of Incident AM/PM Team Name: Region**:  USAV Membership #: | **Does the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

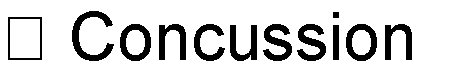
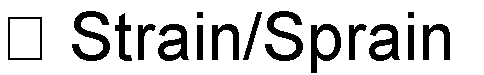
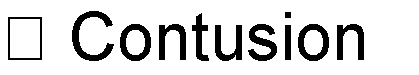
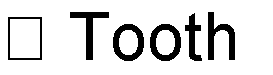




**GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)**

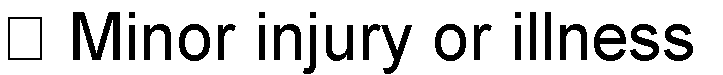
|  |  |
| --- | --- |
| **Last Name First Middle** | **Telephone Number ( )** |
| **Address City State Zip** | |

**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/Sexual  Struck by falling/flying object Assault/Non-Sexual  Caught 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: