



# USA VOLLEYBALL INCIDENT REPORT FORM INJURY OR PROPERTY DAMAGE

Submit this form to:  
OKRVA  
18605 Alberto Place  
Edmond, OK 73012

**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 _____			Employer and Address _____		
Age _____ D.O.B _____ Male Female			_____		
Date of Incident _____ Time of Incident _____ AM/PM			Does the injured person have other medical insurance? Yes No		
Team Name: _____			If yes, please provide name of company and policy #:		
Region: _____			INJURED PERSON: Participant Official Coach		
USAV Membership #: _____			Spectator Volunteer Other: _____		

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

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

### INCIDENT INFORMATION

<b>BODY PART INJURED</b>			<b>INCIDENT</b>
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	<i>If Ankle Injury, was ankle</i> Taped      Supported Unsupported <i>Shoes:</i> Yes No  <i>If Knee Injury, was knee:</i> Braced      Supported Unsupported <i>Knee Pads:</i> Yes No	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 <b>Property Damage</b>
<b>COURT SURFACE</b>	<b>INCIDENT LOCATION</b>	<b>PRIMARY INJURY</b>	<b>DISPOSITION</b>
Concrete      Asphalt Grass          Sand Wood          Sport Court  <i>If sport court, what is under-lying surface?</i> Wood Concrete      Asphalt	Before Competition/Event During Competition/Event After Competition/Event  Competition area Concession area Parking lot Admission area Restrooms/locker rooms Off property Bleachers/stands	Allergy Amputation Foreign Body Laceration Heat Exhaustion Hypertension Cold Injury Electrical Shock Strain/Sprain Abrasion Illness	Dislocation Nausea Burn Fracture Pain Cardiac Contusion Seizures Concussion Sting/bite Death  <i>No care given:</i> Patient refused Not needed <i>Released:</i> To parent To personal vehicle  <i>Referral</i> To doctor To hospital/clinic  <i>EMS transport:</i> Trainer recommended Patient/parent requested
<b>CLASSIFICATION</b>			
Non-injury Minor injury or illness Serious injury or illness			

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: \_\_\_\_\_