

# Incident Report Form



**SEND THIS FORM TO:**

NCVA  
5621 Skylane Blvd.  
Santa Rosa, CA 95403

Phone: (415) 550-7582  
Fax: (415) 550-7762  
Email: vball@ncva.com

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

**INJURED PERSON INFORMATION / PROPERTY DAMAGE OWNER**

Last Name _____ First _____ Middle _____	Telephone Number ( ) _____	<input type="checkbox"/> Single <input type="checkbox"/> Married
Address _____	Social Security Number _____	
City _____ State _____ Zip _____ Age _____ D.O.B _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Employer and Address _____	
Date of Incident _____ Time of Incident _____ AM/PM Team Name: _____ Region: _____ USAV Membership #: _____	Does the injured person have other medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name of company and policy #: _____  INJURED PERSON: Participant Official Coach 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> 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		<b>If Ankle Injury, was ankle</b> Taped    Supported Unsupported Shoes: Yes No  <b>If Knee Injury, was knee:</b> Braced    Supported Unsupported Knee Pads: Yes No	<b>INCIDENT</b> 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> Concrete    Asphalt Grass    Sand Wood    Sport Court  If sport court, what is under-lying surface? <input type="checkbox"/> Wood <input type="checkbox"/> Concrete    Asphalt	<b>INCIDENT LOCATION</b> Before Competition/Event During Competition/Event After Competition/Event  Competition area Concession area Parking lot Admission area Restrooms/locker rooms Off property Bleachers/stands	<b>PRIMARY INJURY</b> Allergy Amputation Foreign Body Laceration Heat Exhaustion Hypertension Cold Injury Electrical Shock Strain/Sprain Abrasion Illness	<b>DISPOSITION</b> No care given: Patient refused Not needed Released: To parent To personal vehicle  Referral: To doctor To hospital/clinic  EMS transport: Trainer recommended 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: \_\_\_\_\_