

Incident Report Form



SEND THIS FORM TO:

NCVA
5621 Skylane Blvd.
Santa Rosa, CA 95403

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

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 _____	Employer and Address _____	
Age _____ D.O.B _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Incident _____ Time of Incident _____ AM/PM	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 #:	
Team Name: _____	INJURED PERSON: Participant _____ Official _____ Coach _____	
Region: _____	Spectator _____ Volunteer _____ Other: _____	
USAV Membership #: _____		

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

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

INCIDENT INFORMATION

BODY PART INJURED 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 _____		If Ankle Injury, was ankle Taped _____ Supported _____ Unsupported _____ Shoes: Yes _____ No _____	INCIDENT 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 _____ Property Damage _____
COURT SURFACE Concrete _____ Asphalt _____ Grass _____ Sand _____ Wood _____ Sport Court _____ If sport court, what is under-lying surface? <input type="checkbox"/> Wood _____ <input type="checkbox"/> Concrete _____ Asphalt _____	INCIDENT LOCATION Before Competition/Event _____ During Competition/Event _____ After Competition/Event _____ Competition area _____ Concession area _____ Parking lot _____ Admission area _____ Restrooms/locker rooms _____ Off property _____ Bleachers/stands _____	PRIMARY INJURY Allergy _____ Dislocation _____ Amputation _____ Nausea _____ Foreign Body _____ Burn _____ Laceration _____ Fracture _____ Heat Exhaustion _____ Pain _____ Hypertension _____ Cardiac _____ Cold Injury _____ Contusion _____ Electrical Shock _____ Seizures _____ Strain/Sprain _____ Concussion _____ Abrasion _____ Sting/bite _____ Illness _____ Death _____	DISPOSITION <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 _____	

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: _____