

USA VOLLEYBALL - INCIDENT REPORT – 2003 SEASON

(To Be Completed by Tournament Director, Club Director, Coach and/or USA Volleyball Official)

Injury Date: _____ Injury Time: _____ [] AM [] PM

Injured Person: [] Participant [] Spectator [] Official [] Other USAV Membership #: _____

Name: _____
(Last) (First) (Middle)

Date Of Birth: _____ Sex: [] Male [] Female SS# _____

Address: _____
(Street) (City) (State) (ZIP)

Phone (Day): _____ Phone (Evening): _____

Does Injured Person Have Other Medical Insurance? [] Yes [] No

If Yes, Name Of Insurance Company: _____

1. What Part(s) Of The Injured Person's Body Was Hurt? [] No Injury
CLAVICLE PELVIS HAND ARM FOOT LEG SIDE SHOULDER HIP EYE NECK
L R L R L R L R L R L R L R L R L R L R
STOMACH CHEST RIBS GROIN FACE HEAD BACK OTHER _____
[] Severe Cut W/Bleeding [] Broken Nose [] Less Serious Bruises, Cuts, Scratches
[] Concussion [] Paralysis [] Other _____

2. Disposition: [] On-Site Care Only Pursue Further Care: [] Yes [] No [] Fatality
[] Ambulance To: _____ [] Other Transportation: _____

3. Location And Description Of Accident: _____

Type of Court Surface: __ Concrete __ Asphalt __ Wood __ Grass __ Sand __ Sport Court
If Sport Court is underlying surface: __ Concrete __ Asphalt __ Wood
If Ankle injury: __ taped __ supported __ unsupported Shoes: __ Yes __ No
If Knee injury: __ braced __ supported __ unsupported Knee Pads: __ Yes __ No

4. This Accident Occurred: [] Pre-Competition/Event [] During Competition/Event
[] After Competition/Event
Please Provide Names Of Any Witnesses To The Incident And Phone Numbers:

Witness Name Daytime Phone Number

Witness Name Daytime Phone Number

5. Team Name: _____ Region: _____

Address: _____

Contact Name: _____ Phone #: _____

Tournament Director, Club Director, Coach and/or USA Volleyball Official Completing This Form

Name: _____ Signature: _____

Title: _____ Region: _____ Phone #: _____

Send completed form to:
Summit America Insurance Services
5001 College Blvd., Suite 216
Leawood, Kansas 66211

Phone: 800-955-1991
FAX: 913-327-0201