



INCIDENT REPORT FORM

(Page 1 of 2)

SUBMIT COMPLETED FORM TO:
 USA Field Hockey
 ATTN: Sarah Hulsman
 5540 N. Academy Blvd., Suite 100
 Colorado Springs, CO 80918
 719-632-0979 Facsimile
 shulsman@usafielddhockey.com

This form should be completed by an Club Official, Coach or Event Director at the time of an Accident, Injury or Other Incident during a USA Field Hockey sanctioned event/activity.

CLUB AND SANCTIONED EVENT/ACTIVITY INFORMATION:

Club/Team Name: _____ Club Membership #: _____
 Sanctioned Event/Activity Name (If applicable): _____ Date(s) of Event: _____
 Description of Sanctioned Event/Covered Activity: Game Practice Tournament Camp/Clinic Other: _____
 Type of Event: Competitive Recreational Event Sanction # (if applicable): _____
 Name and Address of Field/Facility: _____

SUBJECTS INVOLVED (attach additional reports if additional persons were involved):

Name of Party Involved: _____ Date of Birth: ____/____/____ Male Female
 Home Address: _____ Tel.: (____) _____
 Name of Parent/Legal Guardian (if minor): _____ Tel.: (____) _____
 USA Field Hockey Member? Yes No MEMBERSHIP #: _____
 Type of Individual: Youth Player Adult Player Coach Trainer Umpire/Official Volunteer Spectator
 Other: _____
 Player Type (if applicable): Senior National Team Member Regular Player
 Signed Waiver & Release: Yes No *(Note: Signed waivers are required for all participants in sanctioned events)*

SUBJECTS INVOLVED (attach additional reports if additional persons were involved):

Name of Party Involved: _____ Date of Birth: ____/____/____ Male Female
 Home Address: _____ Tel.: (____) _____
 Name of Parent/Legal Guardian (if minor): _____ Tel.: (____) _____
 USA Field Hockey Member? Yes No MEMBERSHIP #: _____
 Type of Individual: Youth Player Adult Player Coach Trainer Umpire/Official Volunteer Spectator
 Other: _____
 Player Type (if applicable): Senior National Team Member Regular Player
 Signed Waiver & Release: Yes No *(Note: Signed waivers are required for all participants in sanctioned events)*

DESCRIPTION OF ACCIDENT/INCIDENT/INJURY/ILLNESS (check all that apply):

Type of Incident	Incident Location	Field Surface/Playing Conditions (if applicable)					
<input type="checkbox"/> Bodily Injury or Illness <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage <input type="checkbox"/> Missing Person(s) <input type="checkbox"/> Theft <input type="checkbox"/> Other: _____	<input type="checkbox"/> Field/Competition Area <input type="checkbox"/> Restrooms/Lockers <input type="checkbox"/> Bleachers/Stands <input type="checkbox"/> Concession Area <input type="checkbox"/> Admission Area <input type="checkbox"/> Storage Area <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other: _____	Weather	<input type="checkbox"/> Clear <input type="checkbox"/> Clouds <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Glare <input type="checkbox"/> Other _____	Field Surface	<input type="checkbox"/> Dirt <input type="checkbox"/> Grass <input type="checkbox"/> Indoor <input type="checkbox"/> Artificial Turf <input type="checkbox"/> Other _____	Surface Condition	<input type="checkbox"/> Dry/Normal <input type="checkbox"/> Wet/Rainy <input type="checkbox"/> Muddy <input type="checkbox"/> Icy <input type="checkbox"/> Other _____

Date of Incident: _____ Time of Incident: _____ AM PM
 Did the incident occur during a USA Field Hockey sanctioned or approved activity? Yes No

Describe what happened, including location and nature of incident, injury or damage. (Attach a separate sheet, if necessary): _____

Public Agencies Responding to the Incident (if any):
 Police: _____ Fire Dept.: _____ EMT/Ambulance: _____
 Police Report Filed? Yes No If Yes, Police Report #: _____

MEDICAL TREATMENT AND DISPOSITION (if applicable):

Medical Treatment Required?	Type of Medical Treatment Required?	Medical Condition and Disposition		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Basic First Aid Only <input type="checkbox"/> Medical Care (Emergency) <input type="checkbox"/> Medical Care (Non-urgent)	Injury/Illness	Body Part Injured	Disposition
		<input type="checkbox"/> Abrasion <input type="checkbox"/> Burn <input type="checkbox"/> Concussion <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Heat Exhaustion <input type="checkbox"/> Illness <input type="checkbox"/> Laceration <input type="checkbox"/> Nausea <input type="checkbox"/> Pain <input type="checkbox"/> Seizures <input type="checkbox"/> Sting/Bite <input type="checkbox"/> Sprain <input type="checkbox"/> Strain <input type="checkbox"/> Other _____	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Hip (L/R) <input type="checkbox"/> Arm (L/R) <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Elbow (L/R) <input type="checkbox"/> Wrist (L/R) <input type="checkbox"/> Hand (L/R) <input type="checkbox"/> Finger <input type="checkbox"/> Leg (L/R) <input type="checkbox"/> Knee (L/R) <input type="checkbox"/> Ankle (L/R) <input type="checkbox"/> Foot (L/R) <input type="checkbox"/> Toe <input type="checkbox"/> Internal <input type="checkbox"/> No Injury <input type="checkbox"/> Other _____	<input type="checkbox"/> No care given (not needed) <input type="checkbox"/> No care given (patient refused) <input type="checkbox"/> Released <input type="checkbox"/> Released to Parent <input type="checkbox"/> Referral to Doctor <input type="checkbox"/> Referral to Hospital <input type="checkbox"/> EMS Transport to: _____

WITNESS INFORMATION:

WITNESS #1: Athlete Coach Trainer Umpire/Official Volunteer Spectator Other: _____
 Name of Witness: _____ Date of Birth: ____/____/____ Male Female
 Home Address: _____
 HOME TEL: (____) _____ WORK TEL: (____) _____ MOBILE: (____) _____
 Statement Attached? Yes No

REPORT PREPARED BY:

Name of Person Completing this Report: _____ Male Female
 Home Address: _____ Email Address: _____
 HOME TEL: (____) _____ WORK TEL: (____) _____ MOBILE: (____) _____
 Position: Coach Trainer Umpire/Official Volunteer Other: _____

Verification Statement: By signing this document, I verify that this report is true and correct to the best of my knowledge:

Signature: _____ Date: _____



INCIDENT REPORT FORM

INSTRUCTIONS

It is important to have written incident reports on file regarding injuries (to participants, spectators, coaches, umpires or other volunteers), property damage or other incidents that may result in a liability claim against your club, team or USA Field Hockey. Liability claims usually allege negligence, and written reports prepared immediately after an incident occurs are invaluable in defending these types of claims.

So that key information is recorded, USA Field Hockey has developed an Incident Report form for this purpose. The Incident Report form is available to all Clubs via the USA Field Hockey web site: www.teamusa.org/usa-field-hockey.

Examples of incidents which need to be reported include, but are not limited to, the following:

- Bodily Injury or Illness
- Fatality
- Property Damage
- Missing Person(s)
- Theft

The Incident Report form should be completed at the time of an accident, injury or other incident during a USA Field Hockey sanctioned or approved activity/event. This report is to be completed by:

- **Coach or Umpire/Official:** For incidents occurring during regular, pre-season or post-season team activities, including tournaments, camps or clinics.
- **Coach or Director:** For incidents occurring during other club activities or events.

Please be certain to fill out the Incident Report form completely and accurately. Prompt reporting of incidents provides the insurance company with a head start in evaluating and resolving these matters, where possible, and ensures that the strongest possible defense can be provided to the Club or Event Organizer in the event that a claim or lawsuit is filed. Attach any additional information that might be helpful in defense of a future claim, such as: police report, doctor's statement, pre-game field inspection report, routing facility maintenance report, photos taken at the time of the incident, and written statements of witnesses.

Completed Incident Report forms should be submitted as soon as possible to:

USA Field Hockey
ATTN: Sarah Hulsman
5540 N. Academy Boulevard
Suite 100
Colorado Springs, CO 80918
719-632-0979 Facsimile
shulsman@usafielddhockey.com