



# 2017-2018 ACCIDENT REPORT

Please complete the following form at the time of an accident during the conduct of an official practice or a sanctioned event. This form is to be used for those injuries that require medical attention, other than basic first aid. Return form to the USARS office at the address or fax number below within fourteen (14) days of incident.

Accident occurred during: \_\_\_\_\_ Official Practice  
\_\_\_\_\_ Sanctioned Event - Sanction # \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Name of Injured: \_\_\_\_\_  
Time of Accident: \_\_\_\_\_ USARS Membership #: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_  
Club ID #: \_\_\_\_\_ Injured Address: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
\_\_\_\_\_ Injured Phone #: \_\_\_\_\_  
Facility Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Email (required): \_\_\_\_\_

Please mark the body part(s) of the injury:

Head \_\_\_ Neck \_\_\_ Back \_\_\_ Arm \_\_\_ Hand \_\_\_ Shoulder \_\_\_ Torso \_\_\_ Knee \_\_\_ Leg \_\_\_ Ankle \_\_\_ Foot \_\_\_ Other \_\_\_

Describe injury in detail (e.g. open wound, sprain, strain, fracture, etc.): \_\_\_\_\_

How did accident occur? \_\_\_\_\_

Will or has the injury required surgery? Yes \_\_\_ No \_\_\_ If so, please advise when? \_\_\_\_\_

Opinion of cause of injury: \_\_\_\_\_

Does injured party have primary health insurance? Yes \_\_\_ No \_\_\_

What safety equipment was the injured party wearing? \_\_\_\_\_

How many people were on the floor at the time? \_\_\_\_\_ Floor conditions? \_\_\_\_\_

Describe First Aid rendered \_\_\_\_\_

Who rendered First Aid? \_\_\_\_\_ Are they certified? \_\_\_\_\_

Was the injured party taken to hospital? Yes \_\_\_ No \_\_\_ By whom? \_\_\_\_\_

How did the injured party leave the facility? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Club President/Meet Director/Chief Referee

\_\_\_\_\_  
Date

Once the National Office receives this form and verifies the information received is correct, then the injured party will receive instructions on how to file their claim and the insurance claim form by email. The instructions will explain how to file their claim directly with the insurance company, AG Administrators. If you have any questions regarding your claim, please contact **Brent Benson** at [bbenson@usarollersports.org](mailto:bbenson@usarollersports.org) or call **402.483.7551 ex. 13**.

Please keep a copy of this form for your records. Send the form to USA Roller Sports by email to [bbenson@usarollersports.org](mailto:bbenson@usarollersports.org), by fax to 402-483-1465 or by mail to 4730 South Street, Lincoln, NE 68506