



2020-2021 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 or call **402.483.7551 ex. 206**.

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