



# INCIDENT REPORT FORM

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**SUBMIT COMPLETED FORM TO:**  
USA Team Handball  
ATTN: Incident Report  
One Olympic Plaza  
Colorado Springs, CO 80909  
help@usateamhandball.org

**This form should be completed by an Athletic Trainer, Club Official, Coach or Event Director at the time of an Accident, Injury or Other Incident during a USA Team Handball 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 Team Handball Member?  Yes  No MEMBERSHIP #: \_\_\_\_\_  
Type of Individual:  Youth Player  Adult Player  Coach  Trainer  Umpire/Official  Volunteer  Spectator  
 Other: \_\_\_\_\_  
 Senior National Team Member  Regular Player  
Player Type (if applicable):  Yes  No (Note: Signed waivers are required for all participants in sanctioned events)  
Signed Waiver & Release: \_\_\_\_\_

**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 Team Handball Member?  Yes  No MEMBERSHIP #: \_\_\_\_\_  
Type of Individual:  Youth Player  Adult Player  Coach  Trainer  Umpire/Official  Volunteer  Spectator  
 Other: \_\_\_\_\_  
 Senior National Team Member  Regular Player  
Player Type (if applicable):  Yes  No (Note: Signed waivers are required for all participants in sanctioned events)  
Signed Waiver & Release: \_\_\_\_\_

**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: _____	<b>Weather</b>	<input type="checkbox"/> Clear <input type="checkbox"/> Clouds <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Glare <input type="checkbox"/> Other: _____	<b>Field Surface</b>	<input type="checkbox"/> Dirt <input type="checkbox"/> Grass <input type="checkbox"/> Indoor <input type="checkbox"/> Artificial Turf <input type="checkbox"/> Other: _____	<b>Surface Condition</b>	<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 Team Handball 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)	<b>Injury/Illness</b>	<b>Body Part Injured</b>	<b>Disposition</b>
		<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 Team Handball. 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 Team Handball has developed an Incident Report form for this purpose. The Incident Report form is available to all Clubs via the USA Team Handball web site: [www.teamusa.org/usa-team-handball](http://www.teamusa.org/usa-team-handball).

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 Team Handball sanctioned or approved activity/event. This report is to be completed by:

- **Athletic Trainer, 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 Team Handball  
ATTN: Incident Report  
One Olympic Plaza  
Colorado Springs, CO 80909  
[help@usateamhandball.org](mailto:help@usateamhandball.org)