



2012 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 thirty (30) days of incident.

Accident occurred during: Official Practice Sanctioned Event - Sanction # _____

Date of Accident: _____

Name of Injured: _____

Time of Accident: _____

USARS Membership # _____

Facility Name: _____

Injured Address: _____

Club ID # _____

Facility Address: _____

Injured phone # _____

Date of Birth: _____ Age: _____

Facility Phone: _____

Email: _____

Describe Injury: _____

How did accident occur? _____

Opinion of cause: _____

Does injured party have primary health insurance? _____

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? _____ By whom? _____

How did the injured party leave the facility? _____

Additional Comments: _____

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

Date

**Send this form to: USA Roller Sports
4730 South Street
Lincoln, NE 68506
Or fax to: 402.483.1465**

Once the National Office receives this form, the injured party will receive a claim packet and information on how to file their claim directly with the insurance company.