



# 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.

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

Date of Accident: \_\_\_\_\_ Name of Injured: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Full Address: \_\_\_\_\_

Club ID #: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Meet Director: \_\_\_\_\_

Describe Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did accident occur: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Club President/Meet Director/Chief Referee \_\_\_\_\_ Date \_\_\_\_\_

**Send this form to: USA Roller Sports  
PO Box 6579  
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.