2026-2027 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: _____

Time of Accident: _____

Facility Name: _____

Club ID #: _____

Facility Address: _____

_____

Facility Phone #: _____

Name of Injured: _____

USARS Membership #: _____

Club Affiliation: _____

Injured Address: _____

_____

Injured 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. 1206**.

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