



2024-2025 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. 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