

## **USA Track & Field INCIDENT REPORT FORM Injury or Property Damage**

<u>Incident Report Forms should be completed</u> And submitted to the National Office: USA Track & Field 130 E. Washington Street, Suite 800 Indianapolis, IN 46204 Fax #: (800) 833-1466 POLICY #PHPK2197728

Last Name First Middle				Telephone			☐ Single☐ Male	☐ Married☐ Female
Address				Employer and Address				
ate of Incident Time of Incident am / pm			n / pm	Date of Birth				
INJURED PERSON: ☐ Participant ☐ Official ☐ Coach				EVENT: USATF Sanctioned Event				
☐ Spectator ☐ Volunteer ☐ Other:				☐ USATF Member Club Practice				
NAME OF EVENT:				Does the injured person have other medical insurance?				
Club Name:				☐ No  If yes, please provide name of company and policy #:				
Association Name:								
USATF Membership #:								
GUARDIAN/PARENT (IF IN.	JURED PERSON IS A	MINOR)						
Name				Telephone				
Address, City, State, Zip								
NCIDENT INFORMATION								
BODY PART INJURED  Ankle (L/R)		☐ Taped ☐ Unsupp Shoes: ☐ `  If Knee In ☐ Braced ☐ Unsupp Knee Pads ATION on/Event on/Event √Event	nsupported s:		□Collision (pa □Collision (pa □Collision (pa □Collision (pa □Collision (pa □Collision (pa □Caught in, o □Animal/inse  NJURY 1 Dislocation 1 Nausea 1 Burn 1 Fracture 1 Pain 1 Cardiac 1 Contusion 1 Seizures 1 Concussion 1 Sting/bite 1 Death	participant/participant) □Overexertion (spectator/spectator) □Assault/Sexual falling/flying object on, between sect bite/sting    DISPOSITION		
		WITN	ESS INFOR	MATION	<b>V</b>			
Name		Address			Telephone Number			
1.								
2.								
ournament Director, Club Dir	ector, Coach and/or US	A Track & l	Field Official	complet	ing this form:			
me:	Signature:		Title:		Date	Pho	ne #: (	)