

Disabled Sports USA – Accident/Incident Report Form

Date: _____ Event: _____

Sponsoring Chapter Name and Address: _____

Contact Name : _____

Phone: _____ Fax: _____ Email: _____

Injured Party: Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Name of Parent/Guardian (If minor) _____

Type of Accident: Bodily Injury Property Damage Other

Body Part(s): _____

Condition (Laceration, Concussion, Sprain, Fracture, etc.): _____

Any Equipment involved in Accident? Yes No If so, what kind? _____

*Photographs of equipment involved in the accident must be provided to Disabled Sports USA

Time & Location of Injury:

Date: _____ Time: _____ () am () pm

Location:

Function of Injured Party: () Participant () Volunteer () Spectator () Official () Other _____

Name/Address/Phone Number of Witnesses (you may wish to attach signed statements)

1. _____

2. _____

3. _____

Occurrence Description:

Describe the sequence of activity in detail including what the (injured) person was doing at the time (be certain to include, when, where, what and any special circumstances involved):

What occurred? (Specify location including location of injured and witnesses, use diagram to locate persons/objects):

Emergency Procedures followed at time of incident/accident _____

By Whom? _____

Medical Report of Accident:

Who Was Notified _____ By Writing Phone Other

By Whom? _____

Where was treatment given? On Accident Site Only By Whom? _____

EMT Physician Trainer Other _____

Treatment Provided _____

Off Site By Whom? _____

Doctor's Office Hospital Other _____

Treatment Provided _____

Was injured retained overnight in hospital? Yes No If so, which? _____

Date Released from Hospital _____

Released to _____

Comments:

Print Name/Position _____

Signature _____ Date _____

Complete Immediately and Email to: dsusa@dsusa.org

Mail to:
Disabled Sports USA
Attn: Insurance Program
451 Hungerford Drive, Suite 100
Rockville MD 20850
Fax to: (301) 217-0968