USA Track & Field
INCIDENT REPORT FORM
Injury or Property Damage

Email, fax or mail this form to:
Philadelphia Insurance Cos.
Attn: Claims Department
PO Box # 950
Bala Cynwyd, PA 19004-0950
FAX: 1-800-685-9238
EMAIL: onlineclaims@phlyins.com

INJURED PERSON INFORMATION / PROPERTY DAMAGE OWNER

Last Name First Middle | **Telephone Number ( )** | ☐ **Single** ☐ **Married**

Address | **Social Security Number** _____ ____ _____

City _____ **State**_____ **Zip**_____ | **Employer and Address** _____

Age_____ **D.O.B** ___ ___ _____ ☐ **Male** ☐ **Female** | _____

Date of Incident _____ **Time of Incident** _____**AM/PM** | **Does the injured person have other medical insurance?** ☐ **Yes** ☐ **No**

Team Name: _____ | If yes, please provide name of company and policy #:_____

Region: _____ | _____

USATF Membership #: _____ | **INJURED PERSON:** ☐ Participant ☐ Official ☐ Coach ☐ Spectator ☐ Volunteer ☐ Other: _____

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name First Middle | **Telephone Number ( )**

Address City State Zip

INCIDENT INFORMATION

BODY PART INJURED

☐ Ankle (L/R) ☐ Shoulder (L/R) ☐ Back
☐ Knee (L/R) ☐ Wrist (L/R) ☐ Neck
☐ Nose ☐ Finger ☐ Internal
☐ Head ☐ Eye (L/R) ☐ No Injury
☐ Tooth ☐ Ear (L/R) ☐ Other

If Ankle Injury, was ankle:
☐ Taped ☐ Supported
☐ Unsupported
Shoes: ☐ Yes ☐ No

If Knee Injury, was knee:
☐ Braced ☐ Supported
☐ Unsupported
Knee Pads: ☐ Yes ☐ No

INCIDENT OR PROPERTY DAMAGE

☐Collision (participant/spectator)
☐Collision (with object)
☐Collision (participant/participant)
☐Collision (spectator/spectator)
☐Struck by falling/flying object
☐Caught in, on, between
☐Animal/insect bite/sting
☐Slip/Fall
☐Overexertion
☐Assault/Sexual
☐Assault/Non-Sexual
☐**Property Damage**

COURT SURFACE

☐ Concrete ☐ Asphalt
☐ Grass ☐ Sand
☐ Wood ☐ Sport Court

If sport court, what is under-lying surface? ☐ Wood ☐ Concrete ☐ Asphalt

CLASSIFICATION

☐ Non-injury
☐ Minor injury or illness
☐ serious injury or illness

INCIDENT LOCATION

☐ Before Competition/Event
☐ During Competition/Event
☐ After Competition/Event

☐ Competition area
☐ Concession area
☐ Parking lot
☐ Admission area
☐ Restrooms/locker rooms
☐ Off property
☐ Bleachers/stands

PRIMARY INJURY

☐ Allergy ☐ Dislocation
☐ Amputation ☐ Nausea
☐ Foreign Body ☐ Burn
☐ Laceration ☐ Fracture
☐ Heat Exhaustion ☐ Pain
☐ Hypertension ☐ Cardiac
☐ Cold Injury ☐ Contusion
☐ Electrical Shock ☐ Seizures
☐ Strain/Sprain ☐ Concussion
☐ Abrasion ☐ Sting/bite
☐ Illness ☐ Death

DISPOSITION

No care given: ☐ Patient refused ☐ Not needed
Released: ☐ To parent ☐ To personal vehicle
Referral: ☐ To doctor ☐ To hospital/clinic
EMS transport: ☐ Trainer recommended ☐ Patient/parent requested

Describe how the injury or property damage occurred: (attach a separate sheet if necessary)

WITNESS INFORMATION

Name	Address	Telephone Number
1.		( )
2.		( )

Tournament Director, Club Director, Coach and/or USA Track & Field Official completing this form:

Name: _____ **Signature:** _____**Title:** _____ **Date:** _____**Phone #:** (_____)_____