

INCIDENT REPORT FORM

AVA # _____ Club Name: _____ Date: _____

Event Point of Contact: _____

Phone: _____ Email: _____

Reporting Person: _____ Title: _____

Address: _____

Home Phone: _____ Work: _____ Email: _____

Event Date(s): _____ Event Number: _____ Event Type: _____

Co-Sponsor: _____ Point of Contact: _____

Co-Sponsor Insurance (if any): _____

Date of Incident: _____ Time: _____ Injured Person: _____

Address of Injured Person: _____

Phone: _____ Email: _____

Type of Injury: _____

Signed Waiver Form Attached: YES NO

If no, where is form?: _____

Witnesses: Name/Address/Phone/Email

Was injured party taken to the hospital?: Transported by Ambulance?: Other:

Name and Address of Hospital:

Physician: _____

Use page 2 to report Details of Incident

1. Report actual circumstances of incident.
2. Report all actions of event workers/witnesses, other people.
3. Report on any follow-up and/or suggestions made to person.
4. Report on any other action/activity relating to incident.
5. Attach event brochure, individual's start card, waiver, and witness statements.
6. Submit report to AVA National Office.

**American Volkssport Association
1001 Pat Booker Road, Ste 101
Universal City, Texas 78148-4147**

Report Details of Incident

attach additional page if needed

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