



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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