

Pioneer Region Injury Reporting Protocol

Injuries sustained at any USAV sanctioned event

If injured party is believed to require medical attention

1. Fill out an Incident Report ASAP –form is on the Pioneer Region website – www.pioneervb.com –
Go to Documents & Forms/Medical Forms/Incident Report Form
 - A. The Incident Report **MUST** be filled out by either the Tournament Director/team coach/club director
The Incident report is **NOT** filled out by the parent/guardian or injured party.
 - B. Give the completed report to the tournament sponsor or club director
 - C. The tournament sponsor or club director should keep a copy for their record and is responsible to email a copy of the Incident Report Form to the Pioneer Region:
Nancy Funk – nfunk@twc.com
 - D. The report will then be filed by the Pioneer Region with the insurance company to report the incident – until the form is completed insurance cannot be filed by the injured for reimbursement

The image shows the 'USA VOLLEYBALL INCIDENT REPORT FORM INJURY OR PROPERTY DAMAGE' for the 2016-2017 season. It includes fields for injured person information, incident details, classification, and witness information. The form is titled 'SUBMIT THIS FORM TO YOUR REGIONAL VOLLEYBALL OFFICE ADDRESS ABOVE'.

2. Give the injured party a copy of the Medical Claim Forms
 - A. Medical Forms are on the Pioneer Region website – www.pioneervb.com - Go to 'Documents & Forms/Medical Forms/Medical Claim Form
 - B. The injured party is responsible to file these forms directly with the insurance company with bills for reimbursement according to the insurance stipulations of the USAV policy

The image shows the 'USA VOLLEYBALL MEDICAL CLAIM FORM' for the 2016-2017 season. It includes fields for claimant information, injury details, classification, and witness information. The form is titled 'SEND THIS FORM TO: American Specialty Insurance Co. 3000 W. Jefferson Blvd. Suite 100, Denver, CO 80202'. It also includes a section for 'AGREEMENT TO RELEASE INFORMATION'.