



OVA Accident Report Form

Complete this form whenever a volleyball accident/incident occurs which requires medical attention for an athlete, coach, official, volunteer or spectator and forward to the office of the Ontario Volleyball Association. This is not a claim form, this form must be filed prior to a medical/dental claim form being issued.

Submission of this form will allow for the study of the causes of volleyball injuries and the improvement of preventative measures.

Injured Participant Information:

Full Name:

Address: Province: PC:

Date of Birth (M/D/Y) ☐ Male ☐ Female

Club Information:

Club Name:

Club Contact Name:

Club Contact Email Address:

Club Contact Phone Number:

Indicent Information (check all that apply):

Date and time of incident:

☐ Practice ☐ Game ☐ Practice ☐ Club Sanctioned Activity ☐ OVA Sanctioned Activity

☐ Indoor ☐ Outdoor

Describe Activity:

Name of Facility:

Address of Facility:

Playing surface: Weather Conditions:

Describe Incident:

Type of Injury (check all that apply):

<input type="checkbox"/> Dental	<input type="checkbox"/> Internal	<input type="checkbox"/> Skin Wound	<input type="checkbox"/> Fracture
<input type="checkbox"/> Torn Ligament	<input type="checkbox"/> Bruise	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Muscle Pull
<input type="checkbox"/> Laceration	<input type="checkbox"/> Torn Cartilage	<input type="checkbox"/> Laceration	<input type="checkbox"/> Other

Collision Information (check all that apply):

<input type="checkbox"/> Another Player	<input type="checkbox"/> Ball	<input type="checkbox"/> Spectator	<input type="checkbox"/> Net System
<input type="checkbox"/> Jumping/Landing	<input type="checkbox"/> Score Table	<input type="checkbox"/> Bench	<input type="checkbox"/> Loss of footing

List the causes/reasons for the injury in order of importance:

1.

2.

3.

What Safety and preventative measures were in effect at the time of the accident/incident?

Was treatment provided on site? ☐ Yes ☐ No

If yes, please provide the name and title of those who provided treatment:

Was outside medical/dental attention obtained? ☐ Yes ☐ No

If yes, please provide the name and title of those who provided treatment:

What recommendations do you or the EMS personnel have for the prevention of such an injury?

Below please draw a diagram of the playing venue and indicate where the injury took place. Include measurement and obstacles.

Submitted by:

Name

Address

City

Prov.

PC

Country