



# NON-COMPETITIVE INJURY/INCIDENT REPORT FORM

*This form must be completed to report incidents regarding venue damage, volunteer or spectator injuries at a USA Gymnastics sanctioned event and returned to [sanctions@usagym.org](mailto:sanctions@usagym.org) immediately following your event.*

*If you need to report an injury of an athlete, coach or judge, complete the Incident/Accident Report Form located in your sanction packet.*

Note that this form is not intended for reporting of Safety and Response incidents. Safety and Response incidents must be reported through the following:

- Report sexual misconduct or child abuse immediately to law enforcement and to the U.S. Center for SafeSport (the Center) and report other violations of the Code to the Center at <https://safesport.i-sight.com/portal> or by calling 833.587.7233.
- Report emotional misconduct, physical misconduct, or other violations of USAG's Safety and Response Policy or MAAPP Prevention Policies to USA Gymnastics at <https://usagym.i-sight.com/portal> or by calling 833.844.7233.
- If prohibited conduct has occurred at an Olympic or Paralympic Training Center (OPTC) or any third-party sponsored event in which the USOPC sends a delegation, promptly report to the USOPC Security & Athlete Safety Office [here](#) or by calling 719.866.3869.

Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Time of Incident: \_\_\_\_\_ A.M. / P.M.      Incident #: \_\_\_\_\_

Specific Location Of Incident: \_\_\_\_\_

Injury (non-participant)     Property Damage     Other: \_\_\_\_\_

Indoors     Outdoors     Other: \_\_\_\_\_

## INVOLVED PARTY *Please print*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D.o.b: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Description of Injury or Property Damage: \_\_\_\_\_

Was Security Notified?     Yes     No    Details: \_\_\_\_\_

Was First Aid Provided? (For non-participants injuries)     Yes     No    Details: \_\_\_\_\_

Was EMS Called? (For non-participants injuries)     Yes     No    Details: \_\_\_\_\_

Briefly Describe What Occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Were Photos Taken?**  Yes  No If Yes, By Whom: \_\_\_\_\_

**Describe your Observations at Scene** (i.e., Lighting, Visibility, Weather, Surface Conditions, Equipment, etc.): \_\_\_\_\_

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**Provide Any Comments and/or Statements Made by Involved Party and/or Other Persons:** \_\_\_\_\_

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|                   |                           |                               |
|-------------------|---------------------------|-------------------------------|
| Sanction #: _____ | Meet Director Name: _____ | Meet Director Member #: _____ |
|-------------------|---------------------------|-------------------------------|

|   |                                   |                 |
|---|-----------------------------------|-----------------|
| Date of Incident: _____ / _____ / _____ | Time of Report: _____ A.M. / P.M. |                 |
| Meet Director First Name _____          | MI _____                          | Last Name _____ |
| Meet Director Signature: _____          |                                   |                 |

|                                 |                                      |
|---------------------------------|--------------------------------------|
| <b>For Insurance Claim Use:</b> |                                      |
| Report Reviewed By: _____       | Date Reviewed: _____ / _____ / _____ |
| Reviewer's Signature: _____     | Title: _____                         |