ACA Incident / Accident Report Form

DATE OF INCIDENT________ **TIME OF INCIDENT**______**AM/PM**
Name of Club:_________________________________
Address:____
Telephone Number:____

DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE? ☐ YES ☐ NO
If yes, please provide name of company and policy #:________________
____

INJURED PERSON: ☐ Athlete ☐ Official ☐ Coach ☐ Spectator ☐ Employee ☐ Volunteer ☐ Other _____________

Was injured person a member of organization? ☐Yes ☐No

DID THIS TAKE PLACE DURING:
☐ Practice ☐ Competition ☐ Club Activity/Event
☐ Pre-activity ☐ Sanctioned Activity/Event
☐ After activity ☐ While traveling

INJURED PERSON INFORMATION

Last Name First Middle	Telephone Number ( )	☐ Single ☐ Married
Address	Social Security Number (optional)	
City State Zip	Employer and Address	
Age / D.O.B. ☐ Male ☐ Female		

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name First Middle	Telephone Number ( )
Address City State Zip	

SUSPECTED PRE-EXISTING CONDITION: ☐ Yes ☐ No

INCIDENT LOCATION
☐ Competition area
☐ Concession area
☐ Parking lot
☐ Admission area
☐ Restrooms/locker rooms
☐ Off property
☐ Premises/grounds
☐ Store area
☐ Bleachers/stands

CLASSIFICATION
☐ Facility or event related
☐ Non-injury
☐ Not facility or event related
☐ Minor injury or illness
☐ Serious injury or illness

INCIDENT
☐ Assault/Sexual
☐ Slip, bodily reaction
☐ Assault/Non-Sexual
☐ Slip/Fall
☐ Fall (different level)
☐ Eligibility
☐ Fall (same level)
☐ Aquatic
☐Caught in, on, between
☐ Trip/Fall
☐ Animal/insect bite/sting
☐ Drug Testing
☐ Collision (with object)
☐ Overexertion
☐ Collision (participant/participant)
☐ Collision (participant/spectator)
☐ Collision (spectator/spectator)
☐ Struck by falling/flying object
☐Auto/Property

MEDICAL SERVICES
☐ Antacid
☐ Eye rinse
☐ Aspirin
☐ Glucose
☐ Aspirin substitute
☐ Ice Pack
☐ Bandaged
☐ Oxygen
☐ Ointment/antiseptic
☐ Rest
☐ Removal
☐ Splinted
☐ CPR
☐ Wrapped
☐ Cleansed
☐ Exam
☐ Cold Pack
☐ None

Treated By: ______________________

PRIMARY INJURY
☐ Allergy ☐ Dislocation ☐ Nausea
☐ Amputation ☐ Electrical Shock ☐ Stroke
☐ Abrasion ☐ Foreign Body ☐ Burn
☐ Laceration ☐ Fracture ☐ Death
☐ Drowning ☐ Heat Exhaustion ☐ Pain
☐ Hypertension ☐ Cardiac ☐ Illness
☐ Cold Injury ☐ Contusion ☐ Sting/bite
☐ Seizures ☐ Concussion
☐ Strain/Sprain ☐ Tooth/Mouth

BODY PART INJURED
☐ Eye (L/R) ☐ Torso ☐ Arm (L/R)
☐ Nose ☐ Back ☐ Tooth
☐ Neck ☐ Face ☐ Head
☐ Ear (L/R) ☐ Leg (L/R)
☐ Knee (L/R) ☐ Ankle (L/R)
☐ Internal ☐ Hip (L/R)
☐ Shoulder (L/R) ☐ Foot (L/R)
☐ Elbow (L/R) ☐ Hand (L/R)
☐ Wrist (L/R) ☐ Finger or Toe

DISPOSITION
☐ Released to parent ☐ Police
☐ Refusal of care ☐ Ambulance
☐ Refer to doctor ☐ Report only
☐ Refer to hospital or clinic
☐ Medical attention
☐ EMS transport
☐ Patient requested EMS transport
☐ Released to personal vehicle

Revised 09/2021

Describe how the incident occurred:

WITNESS INFORMATION

NAME	ADDRESS	TELEPHONE NUMBER
1.		( )
2.		( )
3.		( )
4.		( )
5.		( )

Signature of Official (with no relationship to claimant) ____

Date: ___________ **Phone #** _____________

Send Completed Report to:

American Canoe Association (ACA)
2010 College Avenue
Fredericksburg, VA 22401
Email: aca@americancanoe.org
Phone: (540) 907-4460

Activity organizers, trip leaders and trip coordinators must report all injuries requiring medical attention to the ACA National Office **within seven (7) days** using the ACA Incident / Accident Report Form. The report form must be accompanied by the original waiver of the injured party. In the event of a serious injury, **immediately notify the insurance company** (American Specialty) by calling 260-969-5203 or 800-566-7941. American Specialty will answer calls to this number 24 hours a day, 365 days a year (if calling after hours, follow the instructions for emergency claims reporting).