

RUSA Incident Report Form

General Info

Date of Incident (mm/dd/yyyy): _____ Time of Incident (hh:mm): _____

Event Distance: _____ Distance at time of incident: _____

Worker's-Ride During Event While Traveling

Location of Incident:

Description of Incident (assault, fall, collision, overexertion, e.g.):

Injury Description:

Disposition: (refusal of care, medical attention, ambulance, report only, e.g.):

RBA Contact Info

Name and RUSA #: _____

Address: _____

Phone: _____ Email: _____

Region and Club Name: _____

Injured Person Contact Info

Name and RUSA #: _____

Address: _____

Phone: _____ Email: _____

Witness Information:

1. Name, Address, Phone:

2. Name, Address, Phone:

Signature of RBA: _____ Date: _____