

## ***CATASTROPHIC INJURY REPORT FORM***

In the event of an actual (or potential) catastrophic injury incident, (i.e. spinal cord injury, serious head injury or multiple major fractures, etc.), please follow the procedures outlined on the preceding two (2) pages and the information requests shown below on this report form.

**NOTIFY IMMEDIATELY (within 24 hours), by telephone or fax:**

District Risk Manager  
(see directory in front of this booklet)

**- OR -**

Director, Risk Management Services  
USA Hockey, Inc.  
1775 Bob Johnson Drive  
Colorado Springs, CO 80906-4090  
Phone: (719) 576-USAH  
Fax: (719) 538-1160

**Please provide, at a minimum, the following information to the above parties:**

Name of Injured Person: \_\_\_\_\_

Age of Injured: \_\_\_\_\_ Date & Time of Incident: \_\_\_\_\_

Team Name: \_\_\_\_\_

Name of hospital (and city, state) where injured taken for treatment: \_\_\_\_\_

\_\_\_\_\_

Type and extent of injury(s) sustained (to best of your knowledge): \_\_\_\_\_

\_\_\_\_\_

Name and phone number (both work and home) of person making report: \_\_\_\_\_

\_\_\_\_\_

We request immediate notification of any actual (or potential) injury which could result in a permanent disability, paralysis or other life-changing situation. We realize that making this determination may be difficult for you. **If in doubt, please report the incident** and we will do all of the necessary follow-up investigation. Waiting may result in a delay in providing benefits.

**NOTE:** There is a complete listing of District Risk Managers found in the front of this booklet.