



2011 FIRST REPORT OF INCIDENT

Event Name: _____
Event Dates: _____ - _____
City: _____ ST _____
of participants: _____
Check here if no incidents occurred



DATE OF INCIDENT TIME OF INCIDENT AM/PM
RACE DIRECTOR PHONE
Name of Company/Club/Organization:
Address:
USAT MEMBERSHIP STATUS: ANNUAL ONE DAY PRO AGE GROUP
INJURED PERSON: Athlete Official Coach Spectator Employee Volunteer Other
DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE? YES NO
DID THIS TAKE PLACE DURING: Practice Competition Club activity Pre-activity Sanctioned event During activity After activity While traveling
IF DURING EVENT, WHICH DISCIPLINE? Swim Run Bike Transition

INJURED PERSON INFORMATION:

Last First Middle Telephone Number Single Married
Address City State Zip
D.O.B.: Male Female Employer and Address:

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last First Middle Telephone Number
Address City State Zip

INCIDENT LOCATION: Competition area, Parking lot, Admission area, Restrooms/locker rooms, OTHER
CLASSIFICATION: Facility or event related, Not facility or event related, Minor injury or illness, Serious injury or illness
PRIMARY INJURY: Abrasion, Allergy, Amputation, Cold Injury, Dislocation, Drowning, Electrical Shock, Foreign Body, Fracture, Hypertension, Laceration, Seizure, Strain/Sprain, Contusion, Heat Exhaustion, Cardiac, Pain, Stroke, Tooth/Mouth, Illness, Sting/Bite, Nausea, Concussion, Burn, Death
INCIDENT: Assault/Sexual, Slip, bodily reaction, Assault/Non-Sexual, Slip/Fall, Fall (different level), Fall (same level), Collision (with object), Collision (participant/participant), Collision (participant/spectator), Collision (spectator/spectator), Caught in, on, between, Struck by falling/flying object, Auto/Property, Animal/insect bite/sting
BODY PART INJURED: Eye (L/R), Nose, Neck, Ear (L/R), Knee (L/R), Internal, Shoulder (L/R), Elbow (L/R), Wrist (L/R), Torso, Ankle (L/R), Arm (L/R), Back, Tooth, Face, Head, Hip (L/R), Foot (L/R), Hand (L/R), Leg (L/R)
MEDICAL SERVICES: Antacid, Aspirin, Aspirin substitute, Bandaged, Ointment/antiseptic, Rest, Removal, CPR, Cleansed, Other, Eye rinse, Glucose, Ice Pack, Oxygen, Splinted, Wrapped, Exam, Cold Pack
Treated by
DISPOSITION: Released to parent, Refusal of care, Refer to doctor, Medical attention, EMS transport, Patient requested EMS transport, Released to personal vehicle, Police, Ambulance, Report only

Describe how the incident occurred:

WITNESS INFORMATION:

Table with 3 columns: NAME, ADDRESS, TELEPHONE NUMBER. Rows 1 and 2.

Name of Race Director or Official or MD (no relationship to claimant) (Print Name)

Name of Race Director or Official or MD (no relationship to claimant) (Signature)