

TD ACCIDENT REPORT

<input type="checkbox"/>	SNOWBOARD
<input type="checkbox"/>	ALPINE
<input type="checkbox"/>	NORDIC

TD Name			
Competition			
Location	Date		
Organiser	Event		
Description of Location (Trail/Course, slope, terrain, gradient, snow conditions and safety protection)			
(Please attach sketch)			
Time of Day	Weather Conditions		
Name (of accident victim)			
<input type="checkbox"/> Racer	<input type="checkbox"/> Coach	<input type="checkbox"/> Official	Other:
Address			
Tel		Age	
Reported or suspected injuries			
Describe first aid and evacuation			

Evident cause(s) of accident/injury	
Attempted Recovery	
Avoiding Obstacle in Course	
Snow Conditions off Course	
Avoiding Official in Course	
Visibility	
Collision with Official in Course	
Binding Release/Equipment Failure	
Collision with Spectator	
Inability to handle Technical Difficulty in Course	
Other causes or contributing factors in your opinion	
Narrative description of incident	
Key race personnel involved	
Chief of Race	
Address	Tel
Referee	Tel
Others (note position)	
	Tel
	Tel
Technical Delegate's Description and Commentary	
Date	Signature