

WPAS TD ACCIDENT REPORT

In the event of a serious accident at a competition, the Technical Delegate (TD) must complete this accident report and submit it along with the Technical Delegate Report in the results package sent to the WPAS worldparaalpineskiing@paralympic.org. If a copy of the official accident report of the professional patrol or rescue squad is available, that report should be submitted in addition to this TD report.

TD Name:		TD Number:
Competition:		
Location:		Date:
Organizer:		Discipline:
Course/Trail Name:		
Homologation Number:		
Description of Location of Trail/Course, including references to slope, terrain, gradient, snow conditions, and safety protection:		
(Please attach sketch)		
Time of Day:	Weather Conditions:	
Name (of accident victim):		
Indicate: Racer / Coach / Official / Other:		
Address:		
Tel (home):		Age:
Reported or suspected injuries:		

Describe first aid and evacuation:	
Evident cause(s) of accident/injury: (Note all that may apply or may have contributed [X])	
Attempted Recovery	<input type="checkbox"/>
Avoiding Obstacle in Course	<input type="checkbox"/>
Snow Conditions off Course	<input type="checkbox"/>
Avoiding Official in Course	<input type="checkbox"/>
Visibility	<input type="checkbox"/>
Collision with Official in Course	<input type="checkbox"/>
Binding Release/Equipment Failure	<input type="checkbox"/>
Collision with Spectator	<input type="checkbox"/>
Inability to handle Technical Difficulty in Course	<input type="checkbox"/>
Other causes or contributing factors in your opinion:	<input type="checkbox"/>
Narrative description of incident:	
First Witness:	
Name:	Age:
Address:	Tel (H):
	Tel (O):
Witness's Account of Incident (who, where, when, what happened):	
(Attach additional sheets, if necessary)	

Additional Witness:	
Name:	Age:
Address:	Tel (H):
	Tel (O):
Witness's Account of Incident (who, where, when, what happened):	
(Attach additional sheets, if necessary)	
Additional Witness:	
Name:	Age:
Address:	Tel (H):
	Tel (O):
Additional Witness:	
Name:	Age:
Address:	Tel (H):
	Tel (O):
Additional Witness:	
Name:	Age:
Address:	Tel (H):
	Tel (O):
Additional Witness:	
Name:	Age:
Address:	Tel (H):
	Tel (O):
Is there a video-tape, film or still photo record of the incident?	
	yes <input type="checkbox"/> no <input type="checkbox"/>
If Yes: Where may the record(s) be found, who is the contact person(s), and who has access?	

List the key race personnel involved:	
Chief of Race:	
Address:	Tel (H):
	Tel (O):
Referee:	Tel (H):
	Tel (O):
Others (note position):	
	Tel:
	Tel:
	Tel:
<p>Technical Delegate's Description and Commentary:</p> <p>Please use this sheet to provide any additional comments on the incident, including references to course preparation, Team Captains' and Jury meetings, inspection, training, homologation file and previous TD reports, related incidents, etc.; comments on actions after the incident including contact with ski area management, information given to the media, media contact person; and contact with the accident victim, family and representatives after the incident. Your assistance in providing a complete record is most important.</p>	
<p>The information provided by this report is very important for WPAS records. It should be treated as confidential information and should not be released to the public, media, coaches, etc. This report will be treated confidentially by WPAS.</p>	
Date:	Signature: