

WPSB TD ACCIDENT REPORT

In the event of a ser	ous accident at a competition, the Technical Delegate (TD)	must complet	e this accident
report and submit it	along with the Technical Delegate Report in the results pack	kage sent to th	ne WPSB
info@WorldParaSr	owboard.org If a copy of the official accident report of the	professional p	atrol or rescue
squad is available, t	hat report should be submitted in addition to this TD report.		
TD Name:		TD Number:	
Competition:		I	
Location:		Date:	
Organizer:		Discipline:	
Course/Trail Name:		I	
Homologation Num	ber:		
Description of Locat	ion of Trail/Course, including references to slope, terrain, gr	adient, snow	conditions,
and safety protection	n:		
(Please attach sketo	ch)		
Time of Day:	Weather Conditions:		
······o o. Day.			
Name (of accident v	rictim):		
Indicate:			
Racer / Coach / Office	cial / Other:		
Address:			
Tel (home):			Age:
Reported or suspect	red injuries:		



Describe first aid and evacuation:					
Evident cause(s) of accident/injury:					
(Note all that may apply or may have contributed [X])					
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:					
First Witness:					
Name:	Age:				
Address:	Tel (H):				
Address:	rei (n <i>)</i> :				
	Tel (O):				
	101(0).				
Witness's Account of Incident (who, where, when, what happened):					
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(Attach additional sheets, if necessary)					
(Attach additional sheets, if hecessary)					



Additional Witness:	
Name:	Age:
Address:	Tel (H):
	Tel (0):
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 no
If Yes: Where may the record(s) be found, who is the contact person(s), and who has a	ccess?



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:			
The information provided by this report is very important for WPSB records. It sho confidential information and should not be released to the public, media, coaches treated confidentially by WPSB.	on file and previous TD contact with ski area with the accident victim, elete record is most			
Date: Signature:	Signature:			