



DT RAPPORT D'ACCIDENT / TD ACCIDENT REPORT / TD UNFALLBERICHT

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 FIS. 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.			
Name of TD	<input type="text"/>	TD No.	<input type="text"/>
Competition	<input type="text"/>		<input type="text"/>
Location	<input type="text"/>	Date	<input type="text"/>
Organizer	<input type="text"/>	Discipline	<input type="text"/>
Course/Trail name	<input type="text"/>		
Homologation No.	<input type="text"/>		
Description of location of trail/course, including references to slope, terrain, gradient, snow conditions, and safety protection (Please attach sketch.)			
<input type="text"/>			
Time of day	Weather conditions		
<input type="text"/>	<input type="text"/>		
Name (of accident victim)			
<input type="text"/>			
Indicate racer / coach / other	<input type="text"/>		
Address			
<input type="text"/>			
Tel. home / Email	<input type="text"/>	Age	<input type="text"/>
Reported or suspected injuries	<input type="text"/>		

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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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other causes or contributing factors in your opinion	
Narrative description of incident	
First witness	
Name <input style="width: 300px;" type="text"/>	Age <input style="width: 60px;" type="text"/>
Address <input style="width: 300px;" type="text"/>	Tel. home <input style="width: 200px;" type="text"/>
	Tel. office <input style="width: 200px;" type="text"/>
	Email <input style="width: 200px;" type="text"/>
Witness's account of incident - who, where, when, what happened (Attach additional sheets, if necessary.)	

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Additional witness	
Name <input style="width:95%;" type="text"/>	Age <input style="width:40%;" type="text"/>
Address <input style="width:95%;" type="text"/>	Tel. home <input style="width:95%;" type="text"/>
	Tel. office <input style="width:95%;" type="text"/>
	Email <input style="width:95%;" type="text"/>
Witness's account of incident - who, where, when, what happened (Attach additional sheets, if necessary.) <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>	
Additional witness	
Name <input style="width:95%;" type="text"/>	Age <input style="width:40%;" type="text"/>
Address <input style="width:95%;" type="text"/>	Tel. home: <input style="width:95%;" type="text"/>
	Tel. office: <input style="width:95%;" type="text"/>
	Email <input style="width:95%;" type="text"/>
Additional witness	
Name <input style="width:95%;" type="text"/>	Age <input style="width:40%;" type="text"/>
Address <input style="width:95%;" type="text"/>	Tel. home <input style="width:95%;" type="text"/>
	Tel. office <input style="width:95%;" type="text"/>
	Email <input style="width:95%;" type="text"/>
Additional witness	
Name <input style="width:95%;" type="text"/>	Age <input style="width:40%;" type="text"/>
Address <input style="width:95%;" type="text"/>	Tel. home <input style="width:95%;" type="text"/>
	Tel. office <input style="width:95%;" type="text"/>
	Email <input style="width:95%;" type="text"/>
Is there a video-tape, film or still photo record of the incident? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, where may the record(s) be found, who is the contact person(s), and who has access <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>	

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List the key race personnel involved			
Chief of Race Address		Tel. home	
		Tel. office	
		Email	
Referee Name / Address		Tel. home	
		Tel. office	
		Email	
Others (Please note their positions.)			
		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 FIS 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 FIS.</p>			
Date		Signature (please print and sign)	

Please send this form completed with all attachments together with the results' package to:
 luessy@fisski.ch or Fax: +41 33 244 6171