



TD ACCIDENT REPORT / DT RAPPORT D'ACCIDENT / 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.

TD Name		TD No	
Competition		Codex	
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
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Name (of accident victim)

Indicate racer/coach/official/other

Address

Tel (home) / email

Age

Reported or suspected injuries

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Describe First Aid & 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

Narrative description of incident

First Witness

Name		Age	
Address		Tel (home)	
		Tel (office)	
		Email	

Witness's Account of Incident - who, where, when, what happened
 (Attach additional sheets, if necessary)

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

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List the key race personnel involved:

Chief of Race Name/Address	Tel (home)	
	Tel (office)	
	Email	

Referee Name/Address	Tel (home)	
	Tel (office)	
	Email	

Assistant Referee Name/Address	Tel (home)	
	Tel (office)	
	Email	

Others (Please note their positions)		
	Tel.	
	Tel.	
	Tel.	

Technical Delegate's Description and Commentary:

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.

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.

Date	Signature (please print and sign)
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Please send this form completed with all attachments together with the results' package to:
luessy@fisski.ch or Fax: +41 33 244 6171