DISABLED SPORTS USA INCIDENT REPORT FORM

Please submit a signed waiver & registration form for injured person, along with this form, within 24 hours of incident

Two page form must be completed by official chapter representative – please print legibly

Date of Incident: 1/15/19 | Time of Incident: 3:00 PM

Chapter Name: Disabled Sports USA

INJURED PERSON INFORMATION

First Name: John | Middle Initial: A | Last Name: Doe

Phone Number: 123-456-7891 | Date of Birth: 01-01-2000 | Age: 19

Gender: ☒ Male ☐ Female ☐ Prefer not to answer ☐ Other: _____

Address: 123 Main Street | City: Anytown | State: MD | Zip: 20850

Disability: Multiple Sclerosis ☐ N/A

Injured Person: ☒ Participant ☐ Employee ☐ Volunteer ☐ Other: _____

PARENT/LEGAL GUARDIAN (IF INJURED PERSON IS A MINOR OR LEGALLY INCAPACITATED)

First Name: | Last Name: | Phone Number:

Address: | City: | State: | Zip:

INJURY INFORMATION

PRIMARY INJURY RESULTING FROM INCIDENT:

- ☐ Abrasion
- ☐ Allergy
- ☐ Amputation
- ☐ Burn
- ☐ Cardiac
- ☐ Cold Injury
- ☐ Concussion
- ☐ Contusion
- ☐ Dislocation
- ☐ Foreign Body
- ☐ Fracture
- ☐ Heat Exhaustion
- ☐ Hypertension
- ☐ Hypothermia
- ☐ Laceration
- ☐ Illness
- ☐ Nausea
- ☐ Pain
- ☐ Seizures
- ☐ Sting/Bite
- ☐ Strain/Sprain
- ☐ Stroke
- ☐ Tooth/Mouth
- ☒ Other: NONE

BODY PART INJURED:

- ☐ Ankle (L / R)
- ☐ Arm (L / R)
- ☐ Back
- ☐ Ear (L / R)
- ☐ Elbow (L / R)
- ☐ Eye (L / R)
- ☐ Face
- ☐ Finger
- ☐ Foot (L / R)
- ☐ Hand (L / R)
- ☐ Head
- ☐ Hip
- ☐ Internal
- ☐ Knee (L / R)
- ☐ Leg (L / R)
- ☐ Neck
- ☐ Nose
- ☐ Shoulder (L / R)
- ☐ Toe
- ☐ Tooth
- ☐ Torso
- ☐ Wrist (L / R)
- ☒ Other: NONE

INCIDENT INFORMATION

PRIMARY CAUSE OF INCIDENT:

- ☐ Animal bite/sting
- ☐ Aquatic
- ☐ Assault/sexual
- ☐ Assault/non-sexual
- ☐ Caught in, on, between
- ☐ Collision with object
- ☐ Collision with person
- ☒ Fall/Slip
- ☐ Fall from height
- ☐ Struck by falling /flying object
- ☐ Other: _____

INCIDENT LOCATION: ☒ Activity Site ☐ Administrative Premises/Grounds ☐ Off Property ☐ Other: _____

INCIDENT TOOK PLACE DURING:

☒ Lesson ☐ Competition ☐ Training ☐ Guiding ☐ Other: _____

WEATHER CONDITIONS: ☒ Clear ☐ Icy ☐ Fog ☐ Rain ☐ Snow ☐ N/A ☐ Other: _____

INCIDENT TOOK PLACE DURING WHAT SPORT/ACTIVITY: Golfing

EQUIPMENT INVOLVED IN INCIDENT: N/A

PLEASE COMPLETE 2ND PAGE

The completed incident report is an internal document to be shared with DSUSA and our insurer only.

Report and waiver must be submitted within 24 hours of incident to:
Willis Towers Watson at jordanj@willistowerswatson.com.

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DESCRIPTION OF INCIDENT

Please be as descriptive as possible and include all relevant information, including: Who was involved (please provide names and roles)? Where were they? What happened? What was the sequence of events? *Attach a separate sheet if necessary.*

John participated in today's golf lesson at Shady Grove Country Club in Germantown, MD. On the 4th hole, John fell after taking a shot from the fairway. Volunteer coach, Bob Brown & program manager, Suzy Smith, were able to help him stand up. Suzy asked if he needed anything or if he needed to take a break. John stated he felt tired. Bob Brown drove him back to the clubhouse, in a golf cart where John's wife, Jane Doe, was waiting. They left together. That night, Suzy called to check on John & he reported back, he felt fine & there was no injury. He stated "today was a bad day for walking."

RESPONSE TO INCIDENT

Please list any first aid or medical treatment provided at the time of incident? ☒ Refused Treatment

WHAT AID OR TREATMENT WAS PROVIDED?	WHO PROVIDED THE TREATMENT?	WHERE WAS AID OR TREATMENT PROVIDED?

PLEASE CHECK ALL THAT APPLY:

- ☐ Transported by ambulance to hospital
- ☐ Transported by air ambulance to hospital
- ☐ Transported by ambulance to hospital at the request of patient/parent/guardian
- ☐ Self-transported to hospital or clinic
- ☐ Referred to doctor
- ☐ Referred to hospital or clinic
- ☐ Released to parent/guardian
- ☒ Released to self
- ☐ Ski patrol assisted
- ☐ Police involved
- ☐ Other: _____

If individual is a minor or legally incapacitated, was the parent/legal guardian notified? ☐ Yes ☐ No *If yes, when?*

Any additional information?

WITNESS INFORMATION

NAME	ROLE	ADDRESS	ZIP CODE	PHONE NUMBER
Bob Brown	Volunteer Coach	456 Elm Street	20850	555-678-7891
George Miller	Participant	963 Maple Lane	20850	741-789-8956

REPORTER'S INFORMATION

Name: Suzy Smith | Position: Program Manag. | Date: 1/15/19

Address: 3 Gray Street | Phone Number: 987-654-1234

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