# 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: 1/30/2020 | | Time of Incident: 1:00 PM | | |
| Chapter Name: Disabled Sports USA | | | | |
| **INJURED PERSON INFORMATION** | | | | |
| First Name: Henry | Middle Initial: B | Last Name: Grant | | |
| Phone Number: 123-456-7894 | Date of Birth: 01-01-1994 | | Age: 25 | |
| Gender: ☒ Male ☐ Female ☐ Prefer not to answer ☐ Other: | | | | |
| Address: 654 Peach Street | City: Rockville | State: MD | Zip: 20850 | |
| Disability: Traumatic Brain Injury, Low Vision, Seizures, Stroke ☐ 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 | ☐ Hypertension |
| ☐ Allergy | ☐ Hypothermia |
| ☐ Amputation | ☐ Laceration |
| ☐ Burn | ☐ Illness |
| ☐ Cardiac | ☐ Nausea |
| ☐ Cold Injury | ☐ Pain |
| ☐ Concussion | ☐ Seizures |
| ☐ Contusion | ☐ Sting/Bite |
| ☐ Dislocation | ☐ Strain/Sprain |
| ☐ Foreign Body | ☐ Stroke |
| ☐ Fracture | ☐ Tooth/Mouth |
| ☐ Heat Exhaustion | ☐ Other: |

**BODY PART INJURED:**

| | |
|---|---|
| ☐ Ankle (L / R) | ☐ Internal |
| ☐ Arm (L / R) | ☐ Knee (L / R) |
| ☐ Back | ☐ Leg (L / R) |
| ☐ Ear (L / R) | ☐ Neck |
| ☐ Elbow (L / R) | ☐ Nose |
| ☐ Eye (L / R) | ☐ Shoulder (L / R) |
| ☐ Face | ☐ Toe |
| ☐ Finger | ☐ Tooth |
| ☐ Foot (L / R) | ☐ Torso |
| ☐ Hand (L / R) | ☐ Wrist (L / R) |
| ☐ Head | ☒ Other: Heart |
| ☐ Hip | |

**INCIDENT INFORMATION**

**PRIMARY CAUSE OF INCIDENT:**

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

**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:** cycling

**EQUIPMENT INVOLVED IN INCIDENT:** cycling

**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.

# DISABLED SPORTS USA INCIDENT REPORT FORM

DISABLED SPORTS USA

## 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.*

Henry was racing in the cycling race beginning around 11 AM along with a few dozen other individuals. Nearly 50 volunteers lined the race route to cheer on & make sure the race ran smoothly. Around 11:10AM a couple of volunteers (Jane Smith/Bryan Allen) screamed to me & Jeff that something had happened roughly 100 yrd's away & a man had crashed. I was standing near the start line & yelled to & also called the medical team that we hired to be onsite on the radio. I immediately began running towards the site of the crash where Henry was lying on his back nonresponsive. Only a few yards behind me was the medical team & they responded immediately as well. They assessed the scene of the accident, removed the cycle from the area, & began to remove his shirt to begin CPR. A medical staff member made the decision to call the ambulance & at the time we began clearing the road of all cyclists. The medical team did CPR on Henry until the EMS arrived → see next page.

## 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? |
|---|---|---|
| CPR | on-site medical team | on the racing course (appx. at 900 Main Street) |
| CPR, Defibrillation | EMS | on the racing course (appx. at 900 Main Street) |
| | | |

## 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: on-site medical team involved

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 |
|---|---|---|---|---|
| Jane Smith | volunteer | 852 Peace Street | 20850 | 123-489-7841 |
| Bryan Allen | volunteer | 753 Love Street | 20850 | 852-963-7421 |

## REPORTER'S INFORMATION

Name: Jeff Wright | Position: Program Manager | Date: 1/30/20

Address: 258 Country Road Rockville MD 20850 | Phone Number: 631-879-5431

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