

# DISABLED SPORTS USA INCIDENT REPORT FORM



**2 PAGE FORM MUST BE COMPLETED BY OFFICIAL CHAPTER REPRESENTATIVE – PLEASE PRINT LEGIBLY**

*Please submit copy of signed waiver for injured person along with form within 48 hours of incident*

Date of Incident: 03/19/14		Time of Incident: 12:00PM	
Chapter Name: Disabled Sports USA		Executive Director: Kirk Bauer	
Chapter Address: 451 Hungerford Dr Suite 100		City: Rockville	State: MD Zip: 20850
Exec. Dir. Email: dsusa@dsusa.org		Exec. Dir. Phone: 555-123-4567	

INJURED PERSON INFORMATION			
First Name: Anita		Middle Name: L	Last Name: Graham
Phone Number: 999-698-7654		Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Address: 636 Quill Road		City: Gaithersburg	State: MD Zip: 20877
Age: 65		Date of Birth: 6/26/1950	
Disability (Please be as specific as possible): Traumatic brain injury, stroke, low vision, seizures			
<b>INJURED PERSON:</b> <input checked="" type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____		<b>INCIDENT TOOK PLACE DURING:</b> <input checked="" type="checkbox"/> Event: <u>Cycling Race</u> <input type="checkbox"/> Lesson <input type="checkbox"/> Post-Event <input type="checkbox"/> Training <input type="checkbox"/> Guiding <input type="checkbox"/> Other: _____	

PARENT/LEGAL GUARDIAN (IF INJURED PERSON IS A MINOR)			
First Name:		Last Name:	Phone Number:
Address:		City:	State: Zip:

DESCRIPTION OF INCIDENT		
<b>INCIDENT LOCATION</b> <input checked="" type="checkbox"/> Activity Site <input type="checkbox"/> Administrative Premises/Grounds <input type="checkbox"/> Off Property <input type="checkbox"/> Other: _____	<b>INCIDENT</b> <input type="checkbox"/> Animal bite/sting <input type="checkbox"/> Slip/fall <input type="checkbox"/> Aquatic <input type="checkbox"/> Struck by falling /flying object <input type="checkbox"/> Assault/sexual <input checked="" type="checkbox"/> Other: <u>Cardiac arrest</u> <input type="checkbox"/> Assault/non-sexual <input type="checkbox"/> Caught in, on, between <input type="checkbox"/> Collision w/ object <input type="checkbox"/> Collision w/ person <input type="checkbox"/> Fall	<b>DISPOSITION</b> <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Refusal of care <input type="checkbox"/> EMS transport <input type="checkbox"/> Released to parent/guardian <input type="checkbox"/> Patient requested EMS transport <input type="checkbox"/> Report Only <input type="checkbox"/> Police <input type="checkbox"/> Self-transport to hospital <input type="checkbox"/> Refer to doctor <input type="checkbox"/> Ski Patrol <input type="checkbox"/> Refer to hospital or clinic <input type="checkbox"/> Other: _____
<b>INJURY CLASSIFICATION:</b> <input type="checkbox"/> Non-Injury <input type="checkbox"/> Minor Injury or Illness <input checked="" type="checkbox"/> Major Injury or Illness		

INJURY INFORMATION		
<b>PRIMARY INJURY RESULTING FROM INCIDENT</b> <input type="checkbox"/> Abrasion <input type="checkbox"/> Hypertension <input type="checkbox"/> Allergy <input type="checkbox"/> Hypothermia <input type="checkbox"/> Amputation <input type="checkbox"/> Laceration <input type="checkbox"/> Burn <input type="checkbox"/> Illness <input checked="" type="checkbox"/> Cardiac <input type="checkbox"/> Nausea <input type="checkbox"/> Cold Injury <input type="checkbox"/> Pain <input type="checkbox"/> Concussion <input type="checkbox"/> Seizures <input type="checkbox"/> Contusion <input type="checkbox"/> Sting/Bite <input type="checkbox"/> Dislocation <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Electric Shock <input type="checkbox"/> Stroke <input type="checkbox"/> Foreign Body <input type="checkbox"/> Tooth/Mouth <input type="checkbox"/> Fracture <input checked="" type="checkbox"/> Other: <u>Fell off bike</u> <input type="checkbox"/> Heat Exhaustion	<b>BODY PART INJURED</b> <input type="checkbox"/> Ankle (L / R) <input type="checkbox"/> Internal <input type="checkbox"/> Arm (L / R) <input type="checkbox"/> Knee (L / R) <input type="checkbox"/> Back <input type="checkbox"/> Leg (L / R) <input type="checkbox"/> Ear (L / R) <input type="checkbox"/> Neck <input type="checkbox"/> Elbow (L / R) <input type="checkbox"/> Nose <input type="checkbox"/> Eye (L / R) <input type="checkbox"/> Shoulder (L / R) <input type="checkbox"/> Face <input type="checkbox"/> Toe <input type="checkbox"/> Finger or Toe <input type="checkbox"/> Tooth <input type="checkbox"/> Foot (L / R) <input type="checkbox"/> Torso <input type="checkbox"/> Hand (L / R) <input type="checkbox"/> Wrist (L / R) <input type="checkbox"/> Head <input checked="" type="checkbox"/> Other: <u>Heart</u> <input type="checkbox"/> Hip	

PLEASE COMPLETE 2<sup>ND</sup> PAGE

**Report and waiver must be submitted within 48 hours of incident to:**

Attn: Cheryl Collins: [ccollins@dsusa.org](mailto:ccollins@dsusa.org) or Fax 301-217-0968. Questions? 301-217-9841

# DISABLED SPORTS USA INCIDENT REPORT FORM



**DESCRIPTION OF INCIDENT (continued). Include the following detailed information: Who was involved? Where were they? What happened? Any other circumstances? Attach a separate sheet if necessary.**

Anita was racing in the cycling race beginning around 11am along with a few dozen other individuals. Nearly 50 volunteers lined the race route to cheer on and make sure the race ran smoothly. Around 11:10am a couple of volunteers screamed to me, Jeff, that something had happened roughly 100 yards away and a woman had crashed. I was standing near the start line and yelled to and also called the medical team, that we hired to be on site, on the radio. I immediately began running towards the site of the crash where Anita was lying on her back, non responsive. Only a few yards behind me was the medical team and they responded immediately as well. They assessed the scene of the accident, removed the cycle from the area and began to remove her shirt to begin CPR. A medical team staff member made the decision to call the ambulance and at that time we began clearing the road of all the cyclists. The medical team did CPR on Anita until EMS arrived, at which time they took things over. At this point, a volunteer ran towards me with her medical history, which I handed to the EMS and he began to read it off to the group who was performing CPR. A defibrillator was then used to try to revive her and at this point my attention turned to making sure all volunteers, athletes, and any other spectators were clear of the scene, which I had been doing throughout the process. The fire dept had 2 trucks arrive during this time. The EMS began loading Anita on the ambulance and a staff member rode with her to the hospital. Once the ambulance was loaded, the EMS did a 3 point turn on the race road and exited the park. The fire department left shortly after the ambulance. 10 minutes or so later the athletes were allowed on course

**PROCEDURES FOLLOWED AT TIME OF INCIDENT**

Was medical treatment provided?  No  Yes *If yes, please continue answering questions below*

Who provided the treatment? (i.e. Ski Patrol, EMT) EMS

Where was the treatment provided? On the ground at the scene of the crash

What treatment was provided? CPR and defibrillator shock

Did injured individual go to the hospital?  No  Yes  
*If yes, where?* Shady Grove Medical, Germantown, MD

Any additional information?

**WITNESS INFORMATION**

NAME	ADDRESS	PHONE NUMBER
1. Virginia Yos	345 Maple Drive Gaithersburg, MD 20877	456-321-9874
2. Tyler Renna	876 Spruce Street, Germantown, MD 20874	123-654-9874

**REPORTER'S INFORMATION**

Name: Jeff Dumfy	Position: Program Manager
Email: events@work.org	Phone Number: 789-654-1234

Reporter's Name Jeff Dumfy Date 3/19/14