Team River Runner Incident Report Form

Please submit a signed waiver for injured person, along with this form, within 48 hours of incident

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

Date of Incident:	Time of Incident:
Chapter Name:	State:
Executive Director: Joseph Mornini	Exec. Dir. Email: Joe@TeamRiverRunner.org

INJURED PERSON INFORMATION

First Name:	Middle Initial:	Last Name:	
Phone Number:	Gender: ☐ Male ☐ Female	Date of Birth:	
Address:	City:	State:	Zip:
Disability:			☐ 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:

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: _____

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:

EQUIPMENT INVOLVED IN INCIDENT:

PLEASE COMPLETE 2ND PAGE

The completed incident report is an internal document and may only be shared with Team River Runner National Headquarters.

Report and waiver must be submitted **within 48 hours** of incident to:
TRR Programs Director: Mike Plourde **Email:** Michael.Plourde@teamriverrunner.org **PH:** 931-551-5758
and TRR Safety Officer: Charlie Duffy **Email:** Safety@teamriverrunner.org

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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.*

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? ☐ No *If yes, when?*

Any additional information?

WITNESS INFORMATION				
NAME	**ROLE**	**ADDRESS**	**ZIP CODE**	**PHONE NUMBER**

REPORTER'S INFORMATION		
Name:	Position:	Date:
Address:	Phone Number:	

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