Report of Incident – USA Triathlon of Colorado

*Event Name _____

*Date of Incident _____ *Time of Incident _____

*Type of Injury

- ☐ **Minor Incident** (i.e., minor injury treated by medical staff at venue)
- ☐ **Moderate to Serious Injury** (i.e., treatment by medical staff at the venue where follow-up treatment is possible or likely or injury required non urgent transportation to a medical facility)
- ☐ **Critical Injury** (i.e., injury that required transport by ambulance off race course or venue, e.g., fracture, loss of consciousness)
- ☐ **Fatality** This requires notice to Brad Hildebrandt at USAT, as soon as possible.

*Describe How the Incident Occurred

Please provide as much detail about the injuries and potential cause(s) as possible.

_____

_____

_____

*Treated By _____ Provide Report Number (If Known) _____

Did the Participant Refuse Care? ☐ Yes ☐ No

INJURED PARTY'S INFORMATION

*Injured Party's First Name _____ *Injured Party's Last Name _____

Injured Party's Phone Number _____ Injured Party's Race Number (Bib Number) _____

*Injured Party's Email Address _____ *Injured Party's Date of Birth _____

Injured Party's Sex ☐ Male ☐ Female ☐ Other _____

EMERGENCY CONTACT INFORMATION OF THE INJURED PARTY

*Emergency Contact Full Name _____

*Emergency Contact Phone Number _____

*Emergency Contact Email Address _____

*Emergency Contact Relationship to Patient _____

EVENT DETAILS

Type of Event

- ☐ USA Triathlon Sanctioned Event
- ☐ IRONMAN - USA Triathlon Sanctioned Event
- ☐ USA Triathlon Official Club Event
- ☐ USA Triathlon Sanctioned Clinic
- ☐ Team USA International Event

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Did This Take Place During

- ☐ Practice
- ☐ Competition
- ☐ Pre-Activity
- ☐ During Activity
- ☐ After Activity
- ☐ While Traveling

If During Competition, Which Discipline

- ☐ Swim
- ☐ Bike
- ☐ Run
- ☐ Transition
- ☐ Other _____

If During the BIKE, was a vehicle involved or suspected to be? _____

INCIDENT DETAILS

Incident

- ☐ Animal/Insect Bite/Sting
- ☐ Aquatic
- ☐ Assault/Sexual
- ☐ Assault/Non-Sexual
- ☐ Auto/Property damage
- ☐ Caught, in, on, between
- ☐ Collision (With Object)
- ☐ Collision (Participant/Participant)
- ☐ Collision (Participant/Spectator)
- ☐ Collision (Spectator/Spectator)
- ☐ Drug Testing
- ☐ Fall (Different Level)
- ☐ Fall (Same Level)
- ☐ Slip
- ☐ Struck by Object
- ☐ Trip
- ☐ Overexertion
- ☐ Other _____

Primary Injury (Chief Complaint)

- ☐ Abrasion
- ☐ Allergy
- ☐ Amputation
- ☐ Burn
- ☐ Cardiac
- ☐ Cold Injury
- ☐ Confusion
- ☐ Concussion
- ☐ Dislocation
- ☐ Death
- ☐ Drowning
- ☐ Electrical Shock
- ☐ Foreign Body
- ☐ Fracture
- ☐ General Medical
- ☐ Hypertension
- ☐ Heat Illness
- ☐ Laceration
- ☐ Nausea
- ☐ Pain
- ☐ Seizure
- ☐ Strain/Pain
- ☐ Sting/Bite
- ☐ Stroke
- ☐ Tooth/Mouth
- ☐ Other _____

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Primary Injury Location

- ☐ Ankle
- ☐ Arm
- ☐ Back
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Internal
- ☐ Knee
- ☐ Leg
- ☐ Nose
- ☐ Neck
- ☐ Shoulder
- ☐ Toe
- ☐ Tooth
- ☐ Torso
- ☐ Wrist
- ☐ Other _____

Services Provided

- ☐ Acetaminophen
- ☐ Albuterol
- ☐ Antacid
- ☐ Antiseptic/Ointment
- ☐ Aspirin
- ☐ Aspirin Substitute
- ☐ Bandaged
- ☐ Benadryl
- ☐ Cold Pack
- ☐ CPR
- ☐ Epi-Pen
- ☐ Icepack
- ☐ IV Fluid
- ☐ Ondansetron
- ☐ Oxygen
- ☐ Prednisone
- ☐ Removal
- ☐ Rest
- ☐ Solumedrol IM/IV
- ☐ Splinted
- ☐ Transport to Hospital
- ☐ Wound Cleaning
- ☐ Wrapped
- ☐ Other _____

Incident

- ☐ Race Course (In Transition)
- ☐ Parking Lot
- ☐ Race Premises/Expo
- ☐ Restroom/Locker Rooms
- ☐ Off Property
- ☐ Spectator Area
- ☐ Other _____

Classification (Please Check if Applicable)

- ☐ Severe Weather or Community
- ☐ Mass Evacuation

Injured Person

- ☐ Athlete
- ☐ Coach
- ☐ Employee
- ☐ Official
- ☐ Spectator
- ☐ Volunteer
- ☐ Other _____

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PROPERTY DAMAGE

Did Property Damage Occur? ☐ Yes ☐ No ☐ Unknown

***Describe How the Incident Occurred**

Name of Propety Owner _____ **Contact Information** _____

ANY ADDITIONAL DETAILS

Please provide any additional details that could be relevant.

SUPPORTING INFORMATION

Witness Information

Obtaining witness information can be very helpful for future action. Please provide the details of anyone who observed the incident.

Did you obtain contact information for any witnesses? ☐ Yes ☐ No

Witness' #1 Full Name _____ **Witness' #1 Phone Number** _____
Witness' #1 Email Address _____

Witness' #2 Full Name _____ **Witness' #2 Phone Number** _____
Witness' #2 Email Address _____

Witness' #3 Full Name _____ **Witness' #3 Phone Number** _____
Witness' #3 Email Address _____

PHOTOS OR VIDEOS

Did you take or obtain any photos or video of the incident, the injured party/ies and/or the immediate aftermath?

☐ Yes ☐ No

CONTACT INFORMATION OF INDIVIDUAL REPORTING INCIDENT

***Name of Individual Reporting Incident** _____
***Phone Number of Individual Reporting Incident** _____
***Email Address of Individual Reporting Incident** _____

CONTACT INFORMATION OF RACE DIRECTOR

*Race Director's Name _____

*Race Director's Phone Number _____

*Race Director's Email Address _____

ACKNOWLEDGMENT OF INDIVIDUAL REPORTING INCIDENT

I hereby confirm that to the best of my knowledge the foregoing is true and correct based on my understanding of the incident.

Name _____

Signature _____

Date _____