



**OREGON INTERSCHOLASTIC SKI RACING ASSOCIATION
BOARD OF DIRECTORS, SAFETY OFFICER
INCIDENT/INJURY REPORT
TO BE SUBMITTED WITHIN 72 HOURS OF ANY INCIDENT
Registration@OISRA.org**

GENERAL INFORMATION FOR INJURED PERSON OR PROPERTY OWNER

Injured Person or Property Owner	Sex	Age
Address		
Home Telephone	Work Telephone	Other Telephone Number
If loss is structural in nature or involves equipment, list items damaged or destroyed, and an estimate of the replacement cost:		

GENERAL INFORMATION FOR PERSON IN CHARGE OF ACTIVITY

Name of Certified Coach or Event Technical Delegate	School Affiliation	
Address		
Home Telephone	Work Telephone	Other Telephone Number

INFORMATION ON INCIDENT

Date of Incident	Time of Incident	Location of Incident
Weather Conditions (if applicable)		
Nature of the activity:		
Description of Incident (Explain what happened and how or why incident occurred)		

Description of observed or reported injuries (part of body and type of injury)		

Response/Action taken by person supervising activity:		

Witness Name	Home Phone	Work Phone
Witness Name	Home Phone	Work Phone
Parent /other responsible party notification: _____Yes _____No		If yes, name of person contacted:
Parent/other responsible party action taken:		

Signature and Title of person preparing Report

Date Report Prepared

For Office use only: Follow up action taken by Executive Director:

.....**Date**.....