



**OREGON INTERSCHOLASTIC SKI RACING ASSOCIATION
 BOARD OF DIRECTORS, SAFETY OFFICER
 INCIDENT/INJURY REPORT
 TO BE SUBMITTED WITHIN 72 HOURS OF ANY INCIDENT
 Fax 1-541-225-5742 or 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**.....