INCIDENT REPORT FORM

S[illegible]EA: ______ DATE: __/__/__ TIME OF INCIDENT __:__ ☐ PM ☐ AM INCIDENT # ______

LOCATION

☐ Trail ______ Skied Trail Before? ☐ Yes ☐ No
☐ Lift # ______ Ridden Lift Before? ☐ Yes ☐ No
☐ Premise: Exact Location ______
☐ Ski School ______ Instructor ______

TRAIL RATING:
☐ ○ Easier
☐ ■ More Difficult
☐ ◆ Most Difficult
☐ ◆◆ Extremely Difficult

INJURED PERSON

Name ______ Occupation ______
Address ______ Social Security # ______
City ______ State ______ Zip ______
Phone ______ Parent/Group Leader ______
Medical Insurance: ☐ Yes ☐ No Corrective Lenses: ☐ Yes ☐ No Worn: ☐ Yes ☐ No

☐ Male ☐ Fema
DOB ______
Age ______
Weight ______
Height ______

DESCRIBE INCIDENT IN INJURED PERSON'S OWN WORDS

______
How could you have prevented incident? ______

WITNESS ☐ INVOLVED IN COLLISION

Name ______ Address/City/State/Zip ______ Phone ______
Name ______ Address/City/State/Zip ______ Phone ______

PROBABLE INJURY

☐ Fracture ☐ Puncture/Laceration ☐ Abrasion ☐ Dislocate ☐ Multiple
☐ Sprain/Strain ☐ Bruise/Contusion ☐ Concussion ☐ Frostbite ☐ Other ______

INJURY ZONE

☐ Left	☐ Thigh	☐ Hip	☐ Shoulder	☐ Head	☐ Teeth
☐ Right	☐ Knee	☐ Abdomen	☐ Arm	☐ Face	☐ Other
☐ Both	☐ Lower Leg	☐ Chest	☐ Wrist	☐ Eye	
☐ Multiple	☐ Ankle	☐ Back	☐ Hand	☐ Nose	Previous Injury
	☐ Foot	☐ Neck	☐ Thumb	☐ Mouth	☐ Yes ☐ No

FIRST AID RENDERED

On Hill: ______ By Whom ______
In Aid Area: ______ By Whom ______
Transport: ☐ Toboggan ☐ Self ☐ Snowmobile ☐ Other ______

TRANSPORT & DESTINATION

☐ Walked Out ☐ Auto/Bus ☐ Returned to Skiing
☐ Ambulance Time: ___:___ ☐ AM ☐ PM ☐ Lodge/Home ☐ Hospital

EQUIPMENT

☐ Alpine ☐ Owned ☐ Area Rental #: ______
☐ Nordic ☐ Rented Shop Name: ______
☐ Snowboard ☐ Borrowed Binding Model: ______
☐ Other ☐ Other Type Skis: ______

SKIS REMOVED BY:

Fall ☐ R ☐ L Injured ☐ R ☐
Patrol ☐ R ☐ L Other ☐ R ☐

SKIING HISTORY

ABILITY
☐ Beginner/Novice
☐ Lower Intermediate
☐ Intermediate
☐ Advanced/Expert

DAYS SKIED THIS SEASON

THIS AREA	ANY AREA
☐ 1st Day	☐ 1st Day
☐ 2-9 Days	☐ 2-9 Days
☐ 10 or more	☐ 10 or more

Falls Today ☐ 1st ☐ 2-9 ☐ 10-more
How many years skied this area? ______
☐ Season Pass holder # ______

SIGNATURE

Injured Person THE ABOVE INFORMATION IS CORRECT (X) ______
Parent or Guardian **I REFUSE FIRST AID** **(X)** ______

SNOW AND WEATHER

SNOW CONDITIONS			WIND	WEATHER/VISIBILITY		TEMPERATURE
☐ Powder	☐ Soft	☐ Deep	☐ Calm	☐ Fair	☐ Snowing	☐ Below 0
☐ Packed Powder	☐ Corn	☐ Icy	☐ Med.	☐ Overcast	☐ Raining	☐ 0-32
☐ Hard	☐ Heavy	☐ Var.	☐ High	☐ Fog	☐ Sleet/Hail	☐ Above 32

[illegible]TROLLER COMMENTS

______

Incident Report Form: Patroller Comments Section.

WHAT DID YOU OBSERVE?

WHAT DID THE PATIENT SAY?

RESULTS OF PHYSICAL EXAM.
(+ & -)

TREATMENT GIVEN?

DISPOSITION OF PATIENT?