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SKI AREA
INCIDENT REPORT SKI SCHOOL

NAME:

Last _____ First _____ Middle _____

LOCAL ADDRESS: _____

Condo or Apt. _____ Unit # _____ Phone _____

DATE LEAVING: _____

PERMANENT ADDRESS: _____

Street _____ City _____

State _____ Zip _____ Phone _____

WITNESSES NAME: _____

Last _____

First _____ Middle _____

Street _____ City _____

State _____ Zip _____

Phone _____

Last _____

First _____ Middle _____

Street _____ City _____

State _____ Zip _____

Phone _____

DATE OF ACCIDENT: _____

EXACT TIME: _____

FEMALE _____ MALE _____

EXACT LOCATION: _____

DIAGRAM:

WEATHER AND SNOW CONDITIONS: _____

WAS PERSON IN SKI SCHOOL CLASS? _____ TYPE OF CLASS: _____

DID YOU SEE ACCIDENT OCCUR? _____

EXPLAIN ACCIDENT: _____

REPORT COMPLETED BY: _____