WINTER INCIDENT REPORT FORM

RESORT _____ DATE _____ DAY OF WEEK _____
INCIDENT # _____ TIME OF INCIDENT _____ ¨ AM ¨ PM

LOCATION

¨ ON-HILL
¨ LIFT
¨ PREMISE
¨ TUBING HILL

DESCRIBE SPECIFIC LOCATION:
_____
_____

☐ EASIER ¡ ☐ EXPERTS ONLY u u
☐ MORE DIFFICULT p ☐ FREESTYLE TERRAIN ⬭
☐ MOST DIFFICULT u ☐ NOT APPICABLE

INJURED PERSON

NAME_____ ¨ MALE DOB_____
ADDRESS_____ ¨ FEMALE AGE_____
CITY_____ STATE_____ ZIP_____ HT_____ WT _____
HOME PHONE _____ CELL _____
EMAIL ADDRESS_____ OCCUPATION_____

SKIING HISTORY

ABILITY
¨ BEG ¨ N/APP
¨ INTERMEDIATE
¨ ADV/EXPERT

LESSONS
¨ IN LESSON
INSTR _____
¨ N/APPLICABLE

NUMBER OF TIMES ON:
¨ TRAIL ¨ TODAY_____
¨ LIFT ¨ PRIOR_____
OTHER_____

EQUIPMENT REMOVED BY:
¨ FALL ¨ PATROL
¨ INJURED ¨ OTHER

PATIENT HISTORY

PRIOR INJURY/ILLNESS- DESCRIBE_____ YEAR INJURED_____
LIST ANY MEDS TAKEN:_____ MEDICAL INSURANCE? ¨ YES ¨ NO
TICKET TYPE_____ GROUP NAME_____

INJURED'S EQUIPMENT

¨ ALPINE ¨ OWNED BINDING MAKE/MODEL_____
¨ NORDIC ¨ AREA RENTAL SKI/BOARD # _____ BOOT #_____
¨ SNOWBOARD ¨ OTHER RENTAL
¨ OTHER EQUIP: ¨ BORROWED IF RENTED, SHOP NAME _____
_____ ¨ DEMO ADDRESS_____

LEFT DIN		RIGHT DIN	
TOE	HEEL	TOE	HEEL

HELMET WORN? ¨ YES ¨ NO HELMET AREA RENTAL? ¨ YES ¨ NO HELMET RENTAL # _____
KNOWN VIDEO OR PHOTOS OF INCIDENT? ¨ NO ¨ YES → NAME OF PERSON WITH PHOTOS _____

DESCRIPTION OF INCIDENT (Skier's words)

_____
_____
_____
_____
_____

THE ABOVE STATEMENT IS TRUE AND CORRECT INJURED'S SIGNATURE_____
PARENT/GUARDIAN SIGNATURE_____ STATEMENT TAKEN BY

PROBABLE INJURY

¨ FRACTURE ¨ PUNCTURE/LACERATION ¨ ABRASION ¨ DISLOCATION ¨ MULTIPLE ¨ ILLNESS
¨ SPRAIN/STRAIN ¨ BRUISE/CONTUSION ¨ CONCUSSION ¨ FROSTBITE ¨ OTHER _____

INJURY ZONE

¨ LEFT
¨ RIGHT
¨ BOTH
¨ MULTIPLE

¨ UPPER LEG ¨ HIP ¨ SHOULDER ¨ HEAD ¨ TEETH
¨ KNEE ¨ ABDOMEN ¨ ARM ¨ FACE ¨ INTERNAL INJURY
¨ LOWER LEG ¨ CHEST ¨ WRIST ¨ EYE ¨ OTHER
¨ ANKLE ¨ BACK ¨ HAND ¨ NOSE _____
¨ FOOT ¨ NECK ¨ THUMB ¨ MOUTH

FIRST AID RENDERED

ON HILL:_____
_____
AT FIRST AID STATION:_____
I REFUSE FIRST AID: INJURED'S SIGNATURE (PARENT/GUARDIAN IF MINOR)_____

PATROLLERS

AT SCENE: _____
TRANSPORTING:_____ AT FIRST AID STATION:_____

TRANSPORT & DESTINATION

ARRIVED AT FIRST AID STATION BY
¨ PATROL/TOBOGGAN
¨ WALK-IN
¨ OTHER _____

LEFT FIRST AID STATION BY
o AMBULANCE
o CAR/BUS
o WALKING OUT

DESTINATION: o HOME o LODGE
o RETURN TO SKIING/RIDING
o MEDICAL FACILITY:_____

SITE CONDITIONS

SURFACE AT SCENE:
o POWDER o CORN
o PACKED POWDER o LOOSE GRANULAR
o HARD PACKED o WET
o VARIABLE o OTHER_____

VISIBILITY:
o CLEAR o SNOWING
o OVERCAST o RAINING
o FOG
o SNOW BEING MADE NEAR SCENE

TEMPERATURE:
o BELOW 0
o 0-32
o ABOVE 32

WIND:
o CALM
o MODERATE
o HIGH

WITNESSES
None Identified ¨

NAME_____ PHONE_____ CELL _____
ADDRESS_____ CITY_____ STATE_____ ZIP_____

NAME_____ PHONE_____ CELL _____
ADDRESS_____ CITY_____ STATE_____ ZIP_____

NAME OF INDIVIDUAL COMPLETING REPORT: _____ DATE REPORT COMPLETED: _____

SIGNATURE: _____