

Incident Report Form

NATIONAL
SKI AREA
ASSOCIATION



AREA COPY

Resort: _____
Date: _____ Day of week: Exercise Time of incident: _____ AM PM Incident # _____

Location

- On-Hill
- Lift
- Premise
- Tubing Hill

Describe Specific Location:

- Easier Experts Only
- More Difficult Freestyle Terrain
- Most Difficult Not Applicable

Injured Person

Name _____ Male DOB _____
Address _____ Female Age _____
City _____ State _____ Zip _____ Ht _____
Home Phone _____ Cell Phone _____ Occupation _____ Wt _____

Skiing History

Ability	Lessons	Number Of Times On	Equipment Removed By:
<input type="radio"/> Beg <input type="radio"/> N/App	<input type="radio"/> In Lesson Instr: _____	<input type="radio"/> Trail <input type="radio"/> Today _____	<input type="radio"/> Fall <input type="radio"/> Patrol
<input type="radio"/> Intermediate <input type="radio"/> Adv/Expert	<input type="radio"/> N/Applicable	<input type="radio"/> Lift <input type="radio"/> Prior _____	<input type="radio"/> Injured <input type="radio"/> Other: _____
		Other: _____	

Patient History

Prior Injury/Illness - Describe _____ Year Injured _____
Corrective Lenses Needed? Yes No Worn? Yes No Medical Insurance? Yes No
List Any Meds Taken _____ Ticket Type _____
Allergies/Medical Alert Describe _____ Group Name _____

Equipment

		Binding Make _____ Model _____	Left DIN		Right DIN	
			Toe	Heel	Toe	Heel
<input type="radio"/> Alpine	<input type="radio"/> Owned	Ski/Board # _____				
<input type="radio"/> Nordic	<input type="radio"/> Area Rental	Boot # _____				
<input type="radio"/> Snowboard	<input type="radio"/> Other Rental	Shop Name _____				
<input type="radio"/> Other Equip:	<input type="radio"/> Borrowed	Address _____				
	<input type="radio"/> Demo	Helmet Worn? <input type="radio"/> Yes <input type="radio"/> No	Helmet Area Rental? <input type="radio"/> Yes <input type="radio"/> No	Helmet Rental # _____		

Description of Incident (Patient's Words)

The above statement is true and correct

Injured's signature: _____ Parent/guardian signature: _____

Probable Injury

- Fracture Puncture/Laceration Abrasion Dislocation Multiple
- Sprain/Strain Bruise/Contusion Concussion Frostbite Other _____

Injury Zone

- | | | | | | |
|--------------------------------|---------------------------------|---------------------------------|-----------------------------|-----------------------------|------------------------------------|
| <input type="radio"/> Left | <input type="radio"/> Upper Leg | <input type="radio"/> Knee | <input type="radio"/> Chest | <input type="radio"/> Hand | <input type="radio"/> Mouth |
| <input type="radio"/> Right | <input type="radio"/> Hip | <input type="radio"/> Abdomen | <input type="radio"/> Wrist | <input type="radio"/> Nose | <input type="radio"/> Other: _____ |
| <input type="radio"/> Both | <input type="radio"/> Shoulder | <input type="radio"/> Arm | <input type="radio"/> Eye | <input type="radio"/> Foot | _____ |
| <input type="radio"/> Multiple | <input type="radio"/> Head | <input type="radio"/> Face | <input type="radio"/> Ankle | <input type="radio"/> Neck | _____ |
| | <input type="radio"/> Teeth | <input type="radio"/> Lower Leg | <input type="radio"/> Back | <input type="radio"/> Thumb | _____ |

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:	Left First Aid Station by:	Destination:
<input type="radio"/> Patrol/Toboggan	<input type="radio"/> Walked Out	<input type="radio"/> Home <input type="radio"/> Return Skiing
<input type="radio"/> Walk-In	<input type="radio"/> Assisted To Car/Bus	<input type="radio"/> Lodge <input type="radio"/> Medical Facility _____
<input type="radio"/> Other	<input type="radio"/> Ambulance	

Site Conditions

Surface at Scene	Visibility	Temperature	Wind
<input type="radio"/> Powder <input type="radio"/> Corn <input type="radio"/> Variable	<input type="radio"/> Clear <input type="radio"/> Snowing <input type="radio"/> Fog	<input type="radio"/> Below 0	<input type="radio"/> Calm
<input type="radio"/> Packed Powder <input type="radio"/> Loose Granular <input type="radio"/> Wet	<input type="radio"/> Overcast <input type="radio"/> Raining	<input type="radio"/> 0-32	<input type="radio"/> Moderate
<input type="radio"/> Froz Gran/Hard Packed <input type="radio"/> Other: _____	<input type="radio"/> Snow being made near scene	<input type="radio"/> Above 32	<input type="radio"/> High

Witnesses

Name _____	Telephone _____
Address _____	City _____ State _____ Zip _____
Name _____	Telephone _____
Address _____	City _____ State _____ Zip _____

Signature of individual completing report: _____

Date Report Completed: _____

Print name: _____

Supplemental Medical Form

Patient's Name: _____ Date: _____
 Incident #: _____

DOB: _____ Age: _____ Sex: _____ Weight: _____ lbs/kg

Chief Complaint: _____

MOI/HPI: _____

Past/Pertinent History: _____

Allergies: _____ Medications: _____

Probable Injury/Illness: _____

Recommendations for PT: _____

O2 Started Via: _____ @ _____ LPM Time: _____ Changes: _____

Medications taken by Patient: _____

Transportation: _____ Departure Time: _____ Destination: _____

<i>EMS use only</i>	EMS Name: _____	Signature: _____
Medications Given: _____		
IV Started: _____ Type: _____ Rate: _____		
Exam Findings: _____		
First Aid Given: _____		

Vitals Taken

Circle one	OTH/LPR	OTH/LPR	OTH/LPR	OTH/LPR	OTH/LPR	OTH/LPR	OTH/LPR	OTH/LPR
Time:								
LOC(AVPU)								
Respirations								
Pulse								
BP								
Pupils								
Skin								
O2 Sat								
BGL								

Attending Patroller Name (Print): _____

Patroller's Signature: _____ Date: _____

