



**NATIONAL SKI AREA
ACCIDENT REPORT**

**Accident
Number:**

Season (year 1/year 2)
20 ____ 20 ____

Report Number
333590

SKI AREA

Resort/Ski Area

Incident Date

____ / ____ / ____
mm / dd / yy

Incident Time (24hr)

____ : ____
hh : mm

Name

Visitor Local Accommodation Info

Home Address

City

Prov

Postal Code

Phone

() -

If patient is a student
is he/she participating in
a school ski program?

Yes
 No

Occupation/School Group

Date of Birth

____ / ____ / ____
mm / dd / yy

Height

ft/cms

Patient Type

Guest
 Staff-Off
 Staff-Work
 Member
 Unknown

Ticket Type

Day Ticket
 Multi-Day Ticket
 Season Pass
 Other Pass
 Not Applicable
 Unknown

Patient's Description of Incident

Age

Gender

Male
 Female

Weight

lbs/kg

Signs and Symptoms as recorded by Patroller/Doctor

Signed: X Patient Parent Guardian

Patient/Guardian to initial
here if treatment is refused: _____

Recurrence of previous injury?
 Yes No

Time of last meal:

Allergies

None

Medications

None

Medic Alert

Related Medical History

None

Drugs/Alcohol:

Circle or mark L for Left, R for Right and B for Both, mark all that apply

- | | | | | | | |
|---|-----------|---|----------|---|-----------|----------------------------------|
| <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Foot | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Lower Ab | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Upper Arm | <input type="radio"/> Upper Back |
| <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Ankle | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Upper Ab | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Elbow | <input type="radio"/> Lower Back |
| <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Lower Leg | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Chest | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Lower Arm | <input type="radio"/> Tailbone |
| <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Knee | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Neck | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Wrist | <input type="radio"/> Head |
| <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Thigh | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Clavicle | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Hand | <input type="radio"/> Face |
| <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Hip | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Shoulder | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Thumb | <input type="radio"/> Medical |
| | | | | <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B | Finger | <input type="radio"/> No injury |

Treatment Protocol

- | | | |
|----------------------------------|-----------------------------------|--------------------------------|
| <input type="radio"/> Fracture | <input type="radio"/> Dislocation | <input type="radio"/> Internal |
| <input type="radio"/> Sprain | <input type="radio"/> Cardiac | <input type="radio"/> Illness |
| <input type="radio"/> Strain | <input type="radio"/> Stroke | <input type="radio"/> Deceased |
| <input type="radio"/> Bruise | <input type="radio"/> Concussion | <input type="radio"/> Unknown |
| <input type="radio"/> Laceration | <input type="radio"/> Hypothermia | <input type="radio"/> N/A |
| | <input type="radio"/> Frostbite | |

Other injury

If multiple, note primary injury:

Other treatment

At Scene

On scene

____ : ____
hh : mm

Transported

____ : ____
hh : mm

Base/Clinic

In

____ : ____
hh : mm

Out:

____ : ____
hh : mm

Additional F/A
info attached

Medication administered:

____ : ____ by:
hh : mm

- Witnessed By
 Accompanied By
 Collided With
 Other

Witness Name

Phone

() -

Email

Home Address

City

Prov

Postal Code

- Witnessed By
 Accompanied By
 Collided With
 Other

Witness Name

Phone

() -

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Run

Incident Location

- Marked Run
 Freestyle Terrain
 Terrain/Rail Park
 Competition Terrain
 Half Pipe
 Out of Bounds

- Closed inbounds
 Off Trail
 Lift Incident
 Premises
 Unknown
 N/A

Run Classification

- Easiest
 More Difficult
 Most Difficult
 Extreme
 N/A

Activity

- Alpine
 Snowboard
 Telemark
 Nordic
 Touring
 Tubing
 Non-skiing
 Other:

Involvement

- Recreation skiing/riding
 Recreation jumping
 Competition
 Training
 In lesson (circle SB/Ski)
 Tube slide
 Terrain Park Feature
 Unknown
 Other:

**How many days has patient
skied/ridden this year?**

At this area:

At all areas:

N/A

**How many times has the patient
skied/ridden this run/lift before?**

When?

Weather

- Clear
 Overcast
 Snowing
 Raining
 Fog
 Unknown
 N/A

Light

- Sharp
 Flat
 Whiteout
 Lights
 Dark
 Unknown
 N/A

Temp(C)

- Above 10
 0 to 10
 -10 to 0
 -20 to -11
 Below 20
 Unknown
 N/A

Snow (cms)

- No new
 0 to 5
 5 to 10
 10 to 15
 Over 15
 Unknown
 N/A

Surface

- Groomed
 Moguls
 Powder
 Variable
 Granular
 Hard
 Unknown
 N/A

Equipment

- Owned
 Area rental
 Other rental
 Area demos
 Other demos
 Unknown
 N/A

Binding Release

- None
 Left only
 Right only
 Both
 Pre-released
 Unknown
 N/A

Rental Boot #

Rental Ski #

Helmet

- Owned
 Rental
 None

Lesson

- Never
 This year
 ____ yrs ago

Ability

- Beginner
 Novice
 Intermediate
 Advanced
 Expert
 Unknown
 N/A

Did patient collide with
a person or object? Yes No

If yes, describe

If not a collision, what was the primary cause of the incident?

To First Aid

- Walk/Ski
 Toboggan
 Snowmobile
 Helicopter
 Download
 On-hill
 Other
 Unknown
 N/A

From Base

- Private Car
 Taxi
 Company
 Ambulance

 Bus
 Helicopter
 Walk/Ski
 Other
 Unknown
 N/A

Destination

- Home
 Doctor
 Hospital

 Clinic
 Hotel
 Return to Ski
 Rest
 Other
 Unknown
 N/A

Patrollers

- #
1st _____
2nd _____
3rd _____

Non-collision:

- Fall - skier lost control
 Fall - caught an edge
 Fall & struck by own equipment
 Fall - jumping
 Fall - change of conditions
 Fall - change of terrain
 Near collision with _____
 Prior medical condition
 Skied off trail
 Equipment failure (not binding)
 Binding pre-released
 Hit by other's equipment

Lift Related

- Clothing caught on lift
 Fall while loading
 Fall while unloading
 Fall from lift
 Jump chair lift
 Injured by restraining bar
 Struck by chair

Non-skiing related

- Slip & fall (non-skiing)
 Cold/weather related
 Not otherwise classified
 Other:

Form completed by (print)

#

Signed

X

____ / ____ / ____
mm / dd / yy

Patient

Complaint

1st Aid

Witness

Location

Conditions

Transport