

# PUNCH LIST FOR INCIDENT INVESTIGATION

INJURED'S NAME: \_\_\_\_\_

SKI AREA: \_\_\_\_\_

DATE/TIME OF INCIDENT: \_\_\_\_\_ DATE/TIME OF INVESTIGATION: \_\_\_\_\_

## I. FORMS

- \_\_\_\_\_ Incident Report Form
- \_\_\_\_\_ State Tramway Accident Report (if lift related)
- \_\_\_\_\_ Post Accident Inspection Form (if rental related)
- \_\_\_\_\_ Local EMS "Run Sheet" (if injured taken by ambulance)
- \_\_\_\_\_ Supplementary Forms (such as vitals sheets, local area forms)
- \_\_\_\_\_ Local or State Police Report (if applicable)

## II. DOCUMENTATION

- \_\_\_\_\_ Lift Ticket used that day
- \_\_\_\_\_ Rental Ticket (if applicable)
- \_\_\_\_\_ Season Pass Application (if applicable)
- \_\_\_\_\_ Rental Technician Certification Documentation
- \_\_\_\_\_ Releases (if participating in race or special function)
- \_\_\_\_\_ Trail Map of Area with Incident Site Notated

## III. LOGS/RECORDS

- \_\_\_\_\_ Trail Condition Sheet (day prior, day of incident)
- \_\_\_\_\_ Weather Reports (day prior, day of incident)
- \_\_\_\_\_ Grooming Logs (day prior, day of incident)
- \_\_\_\_\_ Snowmaking Logs (day prior, day of incident)
- \_\_\_\_\_ Maintenance Logs (day prior, day of incident)  
(Sanding, salting, etc. for premise incidents)
- \_\_\_\_\_ Patrol Run Sheet
- \_\_\_\_\_ Patrol Documentation (Other such as Work Run Logs, etc.)
- \_\_\_\_\_ Staff Training Documentation (if applicable)
- \_\_\_\_\_ Binding Maintenance Record (if available)
- \_\_\_\_\_ Ticket Sales (documentation of skier visits)
- \_\_\_\_\_ Lift Log (if lift related incident)

## IV. STATEMENTS

- \_\_\_\_\_ Witnesses (specific factual description of incident)
- \_\_\_\_\_ Friends (even if not witnessed) What were they doing prior to incident?
- \_\_\_\_\_ Patrollers (what they saw, what they did, what they heard)
- \_\_\_\_\_ Others involved

## V. PHOTOS

- \_\_\_\_\_ Signage of Lift Accessing Terrain
- \_\_\_\_\_ Signage in Base Area (warnings, trail maps, etc.)
- \_\_\_\_\_ Signage on Trails Leading to Incident
- \_\_\_\_\_ Photos showing Path to Incident Site (reconstruct route)
- \_\_\_\_\_ Photos of Incident Scene (pan shots, close-ups, especially points of impact and rest)
- \_\_\_\_\_ Photos of Equipment (if lost prior to point of rest)
- \_\_\_\_\_ Area Photos (of incident)
- \_\_\_\_\_ Videotape (of above)

## VI. DIAGRAM

- \_\_\_\_\_ Incident Site (include all components on I/I Diagram Sheet. Include measurements, linear and slope).

## VII. MISCELLANEOUS

- \_\_\_\_\_ Principal Investigator's Comments (general factual commentary i.e. what you saw, what you did, what you heard)
- \_\_\_\_\_ Follow Up Forms, Correspondence
- \_\_\_\_\_ Other Notes, Comments
- \_\_\_\_\_ Articles, Press Releases, etc.



## STATEMENT (SKI RELATED)

INJURED'S NAME: \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

INCIDENT # \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ SS# \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_ UNTIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AGE: \_\_\_\_\_

RELATIONSHIP TO INJURED PARTY: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**SPECIFIC LOCATION OF INCIDENT:** \_\_\_\_\_

YOUR LOCATION: \_\_\_\_\_ FEET ABOVE: \_\_\_\_\_ FEET BELOW: \_\_\_\_\_ FEET TO SIDE: \_\_\_\_\_

YOUR ACTIVITY AT TIME OF INCIDENT: \_\_\_\_\_

DID INJURED DO SOMETHING TO DRAW ATTENTION (i.e.- out-of-control skiing, jumping, hollering, high rate of speed, etc) \_\_\_\_\_

WHAT ROUTE HAD INJURED SKIER BEEN SKIING: \_\_\_\_\_

IN YOUR OPINION, WAS INCIDENT CAUSED BY SKIER ERROR? (i.e. out-of-control, skiing too fast, caught an edge, etc.): \_\_\_\_\_

DID YOU HAVE ANY DIFFICULTY SKIING THIS TRAIL TODAY? (Could you turn, stop, etc.) \_\_\_\_\_

WHAT WERE TRAIL CONDITIONS (surface/visibility, etc.): \_\_\_\_\_

**IF YOU KNOW INJURED, ASK THE FOLLOWING:**

ABILITY OF INJURED: \_\_\_\_\_ HOW MANY YEARS SKIING: \_\_\_\_\_

HOW LONG SKIING TODAY: \_\_\_\_\_ HRS. DID INJURED EAT TODAY: \_\_\_\_\_

DID INJURED USE ALCOHOL/DRUGS TODAY: \_\_\_\_\_ IF YES, WHAT/WHEN: \_\_\_\_\_

HOW MANY TIMES DID INJURED SKI THIS TRAIL TODAY: \_\_\_\_\_ PRIOR: \_\_\_\_\_

DESCRIBE WHAT HAPPENED: (**USE "ADDITIONAL COMMENTS" FORM IF NEEDED**) \_\_\_\_\_

**I HAVE CAREFULLY READ THE ABOVE STATEMENT AND IT IS TRUE AND ACCURATE.**

**SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

**YOUR SIGNATURE:** \_\_\_\_\_

**TAKEN BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# PREMISES INCIDENT REPORT

INJURED'S NAME: \_\_\_\_\_

INCIDENT # \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

BUILDING OR AREA: \_\_\_\_\_

EXACT LOCATION: \_\_\_\_\_

INJURED WAS COMING FROM? \_\_\_\_\_

INJURED WAS GOING TO? \_\_\_\_\_

TYPE OF FOOTWEAR WORN? \_\_\_\_\_ TYPE/CONDITION OF SOLES? \_\_\_\_\_

IF SKI BOOTS WERE WORN, WERE THEY BUCKLED?      ?      YES      ?      NO

WAS INJURED CARRYING ANYTHING IN THEIR HANDS?      ?      YES      ?      NO

IF SO, WHAT?: \_\_\_\_\_

DID INJURED USE THE HANDRAILS?      ?      YES      ?      NO

WERE THERE ANY SIGNS OF ALCOHOL OR DRUG USE?      ?      YES      ?      NO

EXPLAIN: \_\_\_\_\_

CONDITION OF AREA (WET, DRY, ICY, SANDED, SALTED, STANDING WATER, ETC.): \_\_\_\_\_

PHOTOS TAKEN?      ?      YES      ?      NO      ATTACHED?      ?      YES      ?      NO

MAINTENANCE IN PAST 24 HOURS (DESCRIBE): \_\_\_\_\_

MAINTENANCE LOG ENTRY ATTACHED:      ?      YES      ?      NO

**DIAGRAM OF AREA:**

**NOT TO SCALE**

INVESTIGATOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**STATEMENT (LIFT RELATED)**

**INJURED'S NAME:** \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

INCIDENT # \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_ SS# \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_ UNTIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AGE: \_\_\_\_\_

RELATIONSHIP TO INJURED PARTY: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**SPECIFIC LOCATION OF INCIDENT:** \_\_\_\_\_

**ANSWER THE FOLLOWING, IF YOU KNOW:**

HAS SKIER RIDDEN THIS LIFT PRIOR: \_\_\_\_\_ # OF TIMES: \_\_\_\_\_

HAS SKIER HAD ANY PREVIOUS PROBLEMS LOADING/UNLOADING: \_\_\_\_\_

IF YES, WHAT LIFTS: \_\_\_\_\_

WAS SKIER TALKING WHILE LOADING/UNLOADING: \_\_\_\_\_

DID SKIER MAKE ANY REQUESTS/COMMUNICATE WITH LIFT OPERATOR(S): \_\_\_\_\_

IF YES, WHAT?: \_\_\_\_\_

HAS SKIER RIDDEN LIFT WITH SAME PASSENGERS: \_\_\_\_\_

DID SKIER READ SIGNS AT LIFT STATION/TOWERS AND RAMPS: \_\_\_\_\_

DOES SKIER WEAR CORRECTIVE LENSES?: \_\_\_\_\_ WERE THEY WORN?: \_\_\_\_\_

HAS SKIER HAD ANY ALCOHOL/DRUGS: \_\_\_\_\_ IF YES, WHAT/WHEN: \_\_\_\_\_

WAS SKIER PREPARED TO LOAD/UNLOAD LIFT?: \_\_\_\_\_ SKIERS ABILITY LEVEL: \_\_\_\_\_

DESCRIBE WHAT HAPPENED: (**USE "ADDITIONAL COMMENTS" FORM IF NEEDED**) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I HAVE CAREFULLY READ THE ABOVE STATEMENT AND IT IS TRUE AND ACCURATE.**  
**SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

**YOUR SIGNATURE:** \_\_\_\_\_

**TAKEN BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SKI PATROLLER COMMENTS**

INJURED'S NAME: \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

INCIDENT # \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

PATROLLER'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

**SPECIFIC LOCATION OF INCIDENT:** \_\_\_\_\_

YOUR DESCRIPTION OF CONDITIONS FROM TOP OF TRAIL, AND AT SCENE (Surface, visibility, skier density, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNS POSTED & VISIBLE -- WHAT/WHERE? (Permanent & Moveable): \_\_\_\_\_

WHAT DID YOU DO? (Pt. exam, treatment, transportation, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DID YOU OBSERVE? (Location/Condition of Injured, Clothing, Equipment, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHAT DID INJURED SAY/DISCUSS? (Chief Complaint, Criticisms, Comments, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE WHAT HAPPENED: (**USE "ADDITIONAL COMMENTS" FORM IF NEEDED**) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I HAVE CAREFULLY READ THE ABOVE STATEMENT AND IT IS TRUE AND ACCURATE.**  
**SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

**PATROLLER'S SIGNATURE:** \_\_\_\_\_



## SKI INSTRUCTOR COMMENTS

INJURED'S NAME: \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

INCIDENT # \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

INSTRUCTOR'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

SPECIFIC LOCATION OF INCIDENT: \_\_\_\_\_

TYPE OF CLASS: \_\_\_\_\_ # OF STUDENTS IN CLASS: \_\_\_\_\_  
(i.e. Alpine, X-C, Snowboard, Private, Group, Clinic, etc.)

CLASS LEVEL: \_\_\_\_\_ DESCRIBE STUDENT'S ABILITY LEVEL: \_\_\_\_\_

AT WHAT POINT IN CLASS PROGRESSION DID INCIDENT OCCUR? \_\_\_\_\_

DESCRIBE HOW INCIDENT OCCURRED AND STUDENT'S BEHAVIOR: \_\_\_\_\_

HOW FAR AWAY WERE YOU FROM INJURED STUDENT AT TIME OF INCIDENT: \_\_\_\_\_

? ABOVE            ? BELOW            ? TO THE SIDE

DID INCIDENT INVOLVE LOADING OR UNLOADING A CHAIRLIFT OR SURFACE LIFT: \_\_\_\_\_ # \_\_\_\_\_

DID ANYONE MAKE ANY STATEMENTS TO YOU CONCERNING THE INCIDENT: \_\_\_\_\_

IF SO, BY WHOM/DESCRIBE THEM: \_\_\_\_\_

DESCRIBE WHAT HAPPENED: (USE "ADDITIONAL COMMENTS" FORM IF NEEDED) \_\_\_\_\_

WITNESS: \_\_\_\_\_ TELEPHONE #:(     ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**I HAVE CAREFULLY READ THE ABOVE STATEMENT AND IT IS TRUE AND ACCURATE.**  
SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

## LIFT OPERATOR COMMENTS

INJURED'S NAME: \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

INCIDENT # \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LIFT OPERATOR'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ LIFT INVOLVED: \_\_\_\_\_

TERMINAL: ? TOP ? BOTTOM ? ON-LINE \_\_\_\_\_

SPECIFIC LOCATION OF INCIDENT/INJURED: \_\_\_\_\_

LOCATIONS OF OTHERS INVOLVED: \_\_\_\_\_

YOUR LOCATION: \_\_\_\_\_ OTHER EMPLOYEES: \_\_\_\_\_

WHAT DID YOU SEE? WHEN DID YOU FIRST NOTICE PROBLEM?: \_\_\_\_\_

WHAT DID INJURED SAY? (INSTRUCTIONS/REQUESTS): \_\_\_\_\_

OTHER PASSENGERS: \_\_\_\_\_

WHAT DID YOU DO?: \_\_\_\_\_

WHAT DID PASSENGER(S) DO?: \_\_\_\_\_

EQUIPMENT/TOOLS INVOLVED: \_\_\_\_\_ IF YES, WHAT?: \_\_\_\_\_

ANY INDICATION OF ALCOHOL/DRUG USE?: \_\_\_\_\_

SPECIFIC LOCATION OF CHAIR WHEN STOPPED (IF APPLICABLE)?: \_\_\_\_\_

ALL SIGNS IN PLACE AND VISIBLE?: \_\_\_\_\_

DESCRIBE WHAT HAPPENED: (**USE "ADDITIONAL COMMENTS" FORM IF NEEDED**) \_\_\_\_\_

I HAVE CAREFULLY READ THE ABOVE STATEMENT AND IT IS TRUE AND ACCURATE.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

OPERATOR'S SIGNATURE: \_\_\_\_\_

# LIFT INCIDENT REPORT

INJURED'S NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LIFT INVOLVED: \_\_\_\_\_ ? TOP ? BOTTOM ? ON-LINE \_\_\_\_\_

TOP ATTENDANT(S): \_\_\_\_\_ BOTTOM ATTENDANT(S) \_\_\_\_\_

PRECIPITATION?: \_\_\_\_\_ VISIBILITY: \_\_\_\_\_ WIND: \_\_\_\_\_ M.P.H.

TEMP. \_\_\_\_\_ °F INJURED'S POSITION IN CHAIR?: L LC RC R

NAMES OF OTHER PASSENGERS: \_\_\_\_\_

RAMP CONDITIONS (SURFACE, ETC.): \_\_\_\_\_

WHEN LAST MAINTAINED: \_\_\_\_\_ AM/PM BY WHOM?: \_\_\_\_\_

POSITION OF CHAIR/CONES/MARKERS/SIGNS,  
ETC.: \_\_\_\_\_

TYPE OF STOP USED?: ? SERVICE ? E-BRAKE ? STOP GATE ? SLOWED

MEASURED LIFT STOPPING DISTANCE: \_\_\_\_\_ CHAIR NUMBER: \_\_\_\_\_

CONDITION OF CHAIR: \_\_\_\_\_

CHAIR HEIGHT: \_\_\_\_\_ IN. LIFT SPEED: \_\_\_\_\_ F.P.M. PERCENTAGE OF LINE LOADED (ESTIMATE): \_\_\_\_\_ %

SIGNS IN PLACE/VISIBLE?: \_\_\_\_\_

NAME OF SUPERVISOR NOTIFIED: \_\_\_\_\_ WHEN: \_\_\_\_\_

TIME ON SCENE: \_\_\_\_\_ AM/PM

SKI PATROL NOTIFIED?: \_\_\_\_\_ WHEN: \_\_\_\_\_ AM/PM WHOM?: \_\_\_\_\_

OTHER EMPLOYEES ON SCENE?: \_\_\_\_\_ WHOM?: \_\_\_\_\_

DESCRIBE WHAT HAPPENED: (**USE "ADDITIONAL COMMENTS" FORM IF NEEDED**) \_\_\_\_\_

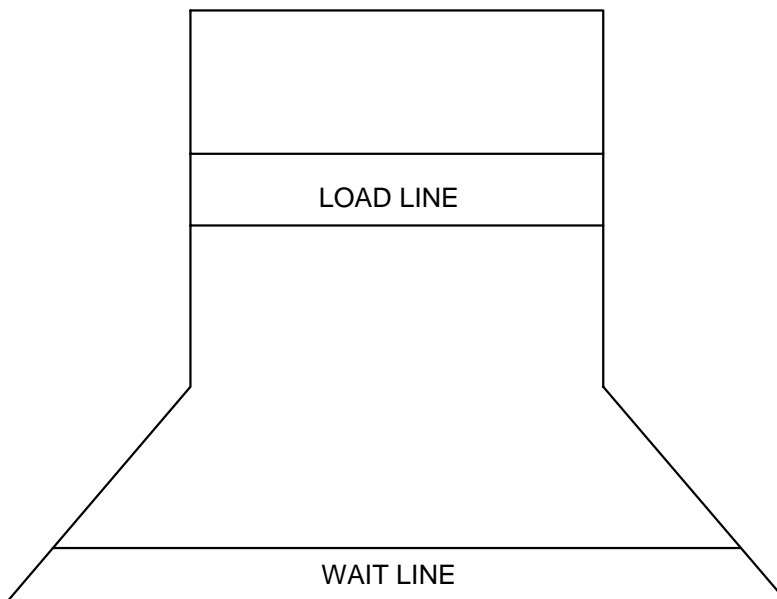
OPERATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# LIFT LOADING INCIDENT DIAGRAM

INJURED'S NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LIFT INVOLVED: \_\_\_\_\_



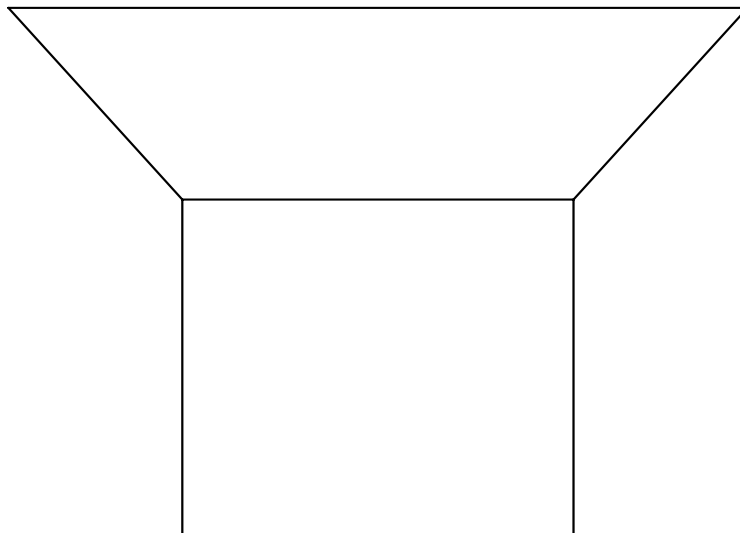
- With "X" Mark Location of Operator(s)
- With "O" Mark Location of Injured
- With "Δ" Mark Location of Others Involved
- With "ü" Mark Location where Chair Stopped
- Show Location of Bull Wheel, Haul Rope with Direction of Travel, Stop Gate, Cones, Signs, Operators Building, etc. (if applicable)
- Include all Measurements

INVESTIGATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# LIFT UNLOADING INCIDENT DIAGRAM

INJURED'S NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LIFT INVOLVED: \_\_\_\_\_



- With "X" Mark Location of Operator(s)
- With "O" Mark Location of Injured
- With "Δ" Mark Location of Others Involved
- With "ü" Mark Location where Chair Stopped
- Show Location of Bull Wheel, Haul Rope with Direction of Travel, Stop Gate, Cones, Signs, Operators Building, etc. (if applicable)
- Include all Measurements

INVESTIGATOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SNOWBOARD SKIING INCIDENT REPORT

INJURED'S NAME: \_\_\_\_\_

INCIDENT # \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

SNOWBOARD SKI: Make: \_\_\_\_\_  
Model: \_\_\_\_\_

Condition of Snowboard Ski: \_\_\_\_\_

LENGTH OF SNOWBOARD SKI (CM): \_\_\_\_\_  
Metal Edges? \_\_\_\_\_ Yes \_\_\_\_\_ No

**TYPE OF BINDING:**

\_\_\_\_\_ Buckle (for soft boot, w/shin strap in use)  
\_\_\_\_\_ Buckle (w/out shin strap or shin strap not in use)  
\_\_\_\_\_ Plate (hard boot compatible)  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Condition of Binding: \_\_\_\_\_

**TYPE OF BOOT:**

**SOFT:** \_\_\_\_\_ Snowboard ski specific  
\_\_\_\_\_ Sorrel-type (felt liner)  
\_\_\_\_\_ Hiking boot/shoe  
\_\_\_\_\_ Soft/flexible (i.e. "moon boot")

**HARD:** \_\_\_\_\_ Snowboard specific  
\_\_\_\_\_ Ski Boot  
\_\_\_\_\_ Mountaineering

**DIRECTION OF FALL:**

\_\_\_\_\_ Heel-side turn  
\_\_\_\_\_ Front-side turn  
\_\_\_\_\_ Forward or front (over front tip of board)  
\_\_\_\_\_ Other (specify): \_\_\_\_\_

**FRONT FOOT:**

\_\_\_\_\_ Left  
\_\_\_\_\_ Right

**ACTIVITY (CHECK ALL THAT APPLY):**

\_\_\_\_\_ Riding in half-pipe/snowboard park  
\_\_\_\_\_ Getting on or off lift  
\_\_\_\_\_ Only one foot in binding  
\_\_\_\_\_ Freestyle maneuver (specify type): \_\_\_\_\_  
\_\_\_\_\_ Riding backwards  
\_\_\_\_\_ Jumping  
\_\_\_\_\_ Collision  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

**EQUIPMENT OWNERSHIP:**

Snowboard: Owned \_\_\_\_\_ Rental/Demo: \_\_\_\_\_  
Boots: Owned \_\_\_\_\_ Rental/Demo: \_\_\_\_\_  
If Rental/Demo, Shop Name/Address: \_\_\_\_\_

DESCRIBE WHAT HAPPENED: (USE "ADDITIONAL COMMENTS" FORM IF NEEDED) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INVESTIGATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# INCIDENT DIAGRAM WORKSHEET

**INJURED'S NAME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**INCIDENT #:** \_\_\_\_\_ **DATE OF INCIDENT:** \_\_\_\_\_ **FALL LINE SLOPE ANGLE:** \_\_\_\_\_ DEG. \_\_\_\_\_ %

**SIDEHILL SLOPE ANGLE:** SKIER'S \_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_ N/A \_\_\_\_\_ DEG. \_\_\_\_\_ %

ORIENT DIAGRAM TO NORTH

NOT TO SCALE

**INVESTIGATOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INCIDENT PHOTO RECORD**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

## FIRST AID REFUSAL

PATIENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INCIDENT LOCATION: \_\_\_\_\_

SUSPECTED INJURY: \_\_\_\_\_

HOW INJURY OCCURRED:  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE KNOWINGLY REFUSED FIRST AID FOR THE REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PATROLLER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## FIRST AID REFUSAL

PATIENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INCIDENT LOCATION: \_\_\_\_\_

SUSPECTED INJURY: \_\_\_\_\_

HOW INJURY OCCURRED:  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE KNOWINGLY REFUSED FIRST AID FOR THE REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PATROLLER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_



## INCIDENT PHOTO LOG

INJURED'S NAME: \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

INCIDENT # \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

PHOTOGRAPHER'S NAME: \_\_\_\_\_

DATE PHOTOS TAKEN: \_\_\_\_\_ TIME PHOTOS TAKEN: \_\_\_\_\_

CAMERA # OR TYPE: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_ ROLL #: \_\_\_\_\_

**Exposure #**

**Description**

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

PHOTOS DEVELOPED: LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

PHOTOGRAPHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PRINCIPAL INVESTIGATOR'S COMMENTS**

INJURED'S NAME: \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

INCIDENT # \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

INVESTIGATOR'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

SPECIFIC LOCATION OF INCIDENT: \_\_\_\_\_

YOUR DESCRIPTION OF CONDITIONS FROM TOP OF TRAIL, AND AT SCENE (Surface, Visibility, Terrain Features, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNS POSTED & VISIBLE -- WHAT/WHERE? (Permanent & Moveable): \_\_\_\_\_

WHAT DID YOU DO? (Investigation Photos, Diagram, Statements, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DID YOU OBSERVE? (Location, Skier Density, Ability Level of Skiers, Distinctive Actions by any Persons, Level of Lighting (natural or night-lighting), etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE WHAT HAPPENED: (Incident Report Requested by Guest, Follow up on Injury, Inquiry by Press): **USE**

**"ADDITIONAL COMMENTS" FORM IF NEEDED** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE CAREFULLY READ THE ABOVE STATEMENT AND IT IS TRUE AND ACCURATE.  
SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

INVESTIGATOR'S SIGNATURE: \_\_\_\_\_





# COMPLAINT REPORT

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ REPORTED TO: \_\_\_\_\_

REPORTED BY:

**YOUR NAME:** \_\_\_\_\_ SS# \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_ UNTIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ AGE: \_\_\_\_\_

RELATIONSHIP TO INJURED PARTY: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**SPECIFIC LOCATION OF INCIDENT:** \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

OFFENDERS NAME: \_\_\_\_\_ SS# \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_

DETAILS OF COMPLAINT:

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RECOMMENDATION FOR DISPOSITION:

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DISPOSITION OF COMPLAINT:

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**PATROLLER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# FIRST AID RECORD

**INJURED'S NAME:** \_\_\_\_\_

**INCIDENT #** \_\_\_\_\_ **DATE OF INCIDENT:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**CHIEF COMPLAINT:** \_\_\_\_\_

TIME:						
PULSE:						
B/P:						
RESP:						
SKIN:						
TEMP:						
MS. AVPU:						

**PUPILS:**      **RIGHT:**      **REACTIVE/NONREACTIVE**      **EQUAL/UNEQUAL**  
                     **LEFT:**         **REACTIVE/NONREACTIVE**                      **(circle one)**

**RELEVANT HISTORY:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_ **MEDS:** \_\_\_\_\_

**PATROLLER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_