

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: _____