

# 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: \_\_\_\_\_