

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: _____