

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: _____

