

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:** _____