



**NATIONAL SKI PATROL® SYSTEM INC.  
NATIONAL SKI AREA ASSOCIATION  
SKI ACCIDENT REPORT**



*(PLEASE PRINT)*

ACCIDENT NO. \_\_\_\_\_ SKI AREA \_\_\_\_\_

Walk-in       Toboggan      Other \_\_\_\_\_      Patrollers \_\_\_\_\_

Time of Accident \_\_\_\_\_ Date of Accident \_\_\_\_\_ Date of Admission (if different) \_\_\_\_\_

Trail Name \_\_\_\_\_

<b>INJURED PERSON</b>	Name _____			Age _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Address _____					
	Occupation _____				Guardian (if Minor) _____	Phone _____

<b>PROBABLE INJURY ZONE</b>	<input type="checkbox"/> Left <input type="checkbox"/> Thigh <input type="checkbox"/> Hip <input type="checkbox"/> Upper Arm <input type="checkbox"/> Shoulder/Clavicle <input type="checkbox"/> Right <input type="checkbox"/> Knee <input type="checkbox"/> Back <input type="checkbox"/> Elbow <input type="checkbox"/> Neck <input type="checkbox"/> Lower leg <input type="checkbox"/> Groin <input type="checkbox"/> Lower Arm <input type="checkbox"/> Head (not face or eyes) <input type="checkbox"/> Ankle <input type="checkbox"/> Abdomen <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Face <input type="checkbox"/> Foot (not ankle) <input type="checkbox"/> Chest <input type="checkbox"/> Thumb <input type="checkbox"/> Eye					
	<input type="checkbox"/> Other _____ <input type="checkbox"/> Multiple Injuries (describe) _____					

<b>PROBABLE INJURY</b>	<input type="checkbox"/> Fracture _____	<input type="checkbox"/> Sprain/Strain _____	<input type="checkbox"/> Dislocation _____
	<input type="checkbox"/> Wound _____	<input type="checkbox"/> Contusion/Bruise _____	<input type="checkbox"/> Other _____

<b>SKIER'S DESCRIPTION OF ACCIDENT</b>	In Injured Persons Own Words _____		
	_____ <input type="checkbox"/> Lift		
	_____ <input type="checkbox"/> Rental		

<b>REFUSAL OF AID</b>	I acknowledge that I have refused ski patrol first aid. (Skier's signature) _____
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<b>WITNESSES TO ACCIDENT</b>	Name _____ Address _____
	Name _____ Address _____

<b>DESTINATION AND TRANSPORT</b>	DESTINATION _____ TRANSPORTATION _____
	<input type="checkbox"/> Home or Lodge <input type="checkbox"/> Return to Skiing <input type="checkbox"/> Ambulance <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/> Auto
	Time of Discharge _____ <input type="checkbox"/> Other _____

<b>PATROLLER'S COMMENTS</b>	_____ <input type="checkbox"/> Recorded by: _____
	_____
	_____

*(Use Reverse Side For Additional Comments)*

<b>ATTENDING PATROLMAN COMPLETING REPORT</b>	Name _____	Current Registration Number _____
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<b>TREATMENT</b>	First Aid Given _____	• By whom _____	• on hill: _____	By whom in aid Area: _____	
	Doctor's Diagnosis _____	Narcotics Given _____	Type _____	Dosage _____	Times _____
	Name of Doctor Who Attended Skier at Area _____	Signature of M.D. _____			
	Skier's Condition _____	Similar Injury Occurred in _____	19 _____	Follow Up Date _____	