

# The National Ski Area Accident Report Form (NSAAR)



November 2014





# Accident Report Form Review

- This presentation is designed to assist patrollers and resort staff in understanding the importance of the Accident Report Form
- Patrollers and Resort Staff are reminded to **use a pen** when completing the Accident Report Form
- If information can not be obtained or is not applicable to the incident, a box or a fillable field, a N/A should be inserted. Please make every effort to not leave blank or empty sections.



# NATIONAL SKI AREA ACCIDENT REPORT

Accident Number: \_\_\_\_\_

Season (year 1/year 2) 20\_\_ 20\_\_

Report Number \_\_\_\_\_



Resort/Ski Area	Incident Date mm / dd / yy	Incident Time (24hr) hh : mm
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Patient

Name		Visitor Local Accommodation Info			
Home Address		City	Prov	Postal Code	
Phone ( ) -	If patient is a student he/she participating in a school ski program? <input type="radio"/> Yes <input type="radio"/> No	Occupation/School Group			
Date of Birth mm / dd / yy	Height ft/cms	Patient Type <input type="radio"/> Guest <input type="radio"/> Staff-Off <input type="radio"/> Staff-Work <input type="radio"/> Member <input type="radio"/> Unknown	Ticket Type <input type="radio"/> Day Ticket <input type="radio"/> Multi-Day Ticket <input type="radio"/> Season Pass <input type="radio"/> Other Pass <input type="radio"/> Not Applicable <input type="radio"/> Unknown	Patient's Description of Incident	
Age	Gender <input type="radio"/> Male <input type="radio"/> Female	Weight lbs/kg			
Signs and Symptoms as recorded by Patroller/Doctor					
Signed: <input checked="" type="checkbox"/> _____ <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian					
Allergies <input type="radio"/> None		Medications <input type="radio"/> None	Medic Alert <input type="radio"/>	Related Medical History <input type="radio"/> None	Drugs/Alcohol:
		Patient/Guardian to initial here if treatment is refused: _____		Recurrence of previous injury? <input type="radio"/> Yes <input type="radio"/> No	Time of last meal: _____

Complaint

Circle or mark L for Left, R for Right and B for Both, mark all that apply			Treatment Protocol			
<input type="radio"/> L R B Foot	<input type="radio"/> L R B Lower Ab	<input type="radio"/> L R B Upper Arm	<input type="radio"/> Upper Back	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Internal
<input type="radio"/> L R B Ankle	<input type="radio"/> L R B Upper Ab	<input type="radio"/> L R B Elbow	<input type="radio"/> Lower Back	<input type="radio"/> Sprain	<input type="radio"/> Cardiac	<input type="radio"/> Illness
<input type="radio"/> L R B Lower Leg	<input type="radio"/> L R B Chest	<input type="radio"/> L R B Lower Arm	<input type="radio"/> Tailbone	<input type="radio"/> Strain	<input type="radio"/> Stroke	<input type="radio"/> Deceased
<input type="radio"/> L R B Knee	<input type="radio"/> L R B Neck	<input type="radio"/> L R B Wrist	<input type="radio"/> Head	<input type="radio"/> Bruise	<input type="radio"/> Concussion	<input type="radio"/> Unknown
<input type="radio"/> L R B Thigh	<input type="radio"/> L R B Clavicle	<input type="radio"/> L R B Hand	<input type="radio"/> Face	<input type="radio"/> Laceration	<input type="radio"/> Hypothermia	<input type="radio"/> N/A
<input type="radio"/> L R B Hip	<input type="radio"/> L R B Shoulder	<input type="radio"/> L R B Thumb	<input type="radio"/> Medical	<input type="radio"/> Frostbite		
<input type="radio"/> L R B Finger	<input type="radio"/> No injury					
<input type="radio"/> Other injury			If multiple, note primary injury: _____			<input type="radio"/> Other treatment

1st Aid

At Scene	On scene	Transported	Base/Clinic	In	Out	<input type="radio"/> Additional P/A info attached
hh : mm	hh : mm	hh : mm	hh : mm	hh : mm	hh : mm	
Medication administered: _____ by: _____						

Witness

<input type="radio"/> Witnessed By <input type="radio"/> Accompanied By <input type="radio"/> Collided With <input type="radio"/> Other	Witness Name	Phone ( ) -	Email
	Home Address	City	Prov Postal Code
<input type="radio"/> Witnessed By <input type="radio"/> Accompanied By <input type="radio"/> Collided With <input type="radio"/> Other	Witness Name	Phone ( ) -	Email
	Home Address	City	Prov Postal Code

Location

Run	Incident Location	Run Classification	Activity	Involvement	
Map/Grid Coordinates	<input type="radio"/> Marked Run <input type="radio"/> Freestyle Terrain <input type="radio"/> Terrain/Rail Park <input type="radio"/> Competition Terrain <input type="radio"/> Half Pipe <input type="radio"/> Out of Bounds	<input type="radio"/> Closed inbounds <input type="radio"/> Off Trail <input type="radio"/> Lift Incident <input type="radio"/> Premises <input type="radio"/> Unknown <input type="radio"/> N/A	<input type="radio"/> Easiest <input type="radio"/> More Difficult <input type="radio"/> Most Difficult <input type="radio"/> Extreme <input type="radio"/> N/A	<input type="radio"/> Alpine <input type="radio"/> Snowboard <input type="radio"/> Telemark <input type="radio"/> Nordic <input type="radio"/> Touring <input type="radio"/> Tubing <input type="radio"/> Non-skiing <input type="radio"/> Other:	<input type="radio"/> Recreation skiing/riding <input type="radio"/> Recreation jumping <input type="radio"/> Competition <input type="radio"/> Training <input type="radio"/> In lesson (circle SB/Ski) <input type="radio"/> Tube slide <input type="radio"/> Terrain Park Feature <input type="radio"/> Unknown <input type="radio"/> Other:
GPS	Park Feature/Size:				
Exact Location					
How many days has patient skied/ridden this year?	At this area: _____	At all areas: _____	N/A <input type="radio"/>	How many times has the patient skied/ridden this run/lift before? _____	
	When? _____				

Conditions

Weather <input type="radio"/> Clear <input type="radio"/> Overcast <input type="radio"/> Snowing <input type="radio"/> Raining <input type="radio"/> Fog <input type="radio"/> Unknown <input type="radio"/> N/A	Light <input type="radio"/> Sharp <input type="radio"/> Flat <input type="radio"/> Whiteout <input type="radio"/> Lights <input type="radio"/> Dark <input type="radio"/> Unknown <input type="radio"/> N/A	Temp(C) <input type="radio"/> Above 10 <input type="radio"/> 0 to 10 <input type="radio"/> -10 to 0 <input type="radio"/> -20 to -11 <input type="radio"/> Below 20 <input type="radio"/> Unknown <input type="radio"/> N/A	Snow (cms) <input type="radio"/> No new <input type="radio"/> 0 to 10 <input type="radio"/> 5 to 10 <input type="radio"/> 10 to 15 <input type="radio"/> Over 15 <input type="radio"/> Unknown <input type="radio"/> N/A	Surface <input type="radio"/> Groomed <input type="radio"/> Moguls <input type="radio"/> Powder <input type="radio"/> Variable <input type="radio"/> Granular <input type="radio"/> Hard <input type="radio"/> Unknown <input type="radio"/> N/A	Equipment <input type="radio"/> Owned <input type="radio"/> Area rental <input type="radio"/> Other rental <input type="radio"/> Area demo <input type="radio"/> Other demos <input type="radio"/> Unknown <input type="radio"/> N/A	Binding Release <input type="radio"/> None <input type="radio"/> Left only <input type="radio"/> Right only <input type="radio"/> Both <input type="radio"/> Pre-released <input type="radio"/> Unknown <input type="radio"/> N/A	Rental Boot # Rental Ski # Helmet <input type="radio"/> Owned <input type="radio"/> Rental <input type="radio"/> None Lesson <input type="radio"/> Never <input type="radio"/> This year <input type="radio"/> ___ yrs ago	Ability <input type="radio"/> Beginner <input type="radio"/> Novice <input type="radio"/> Intermediate <input type="radio"/> Advanced <input type="radio"/> Expert <input type="radio"/> Unknown <input type="radio"/> N/A
Did patient collide with a person or object? <input type="radio"/> Yes <input type="radio"/> No			If yes, describe _____			If not a collision, what was the primary cause of the incident?		

Transport

To First Aid <input type="radio"/> Walk/Ski <input type="radio"/> Toboggan <input type="radio"/> Snowmobile <input type="radio"/> Helicopter <input type="radio"/> Download <input type="radio"/> On-hill <input type="radio"/> Other <input type="radio"/> Unknown <input type="radio"/> N/A	From Base <input type="radio"/> Private Car <input type="radio"/> Taxi <input type="radio"/> Company <input type="radio"/> Ambulance <input type="radio"/> Bus <input type="radio"/> Helicopter <input type="radio"/> Walk/Ski <input type="radio"/> Other <input type="radio"/> Unknown <input type="radio"/> N/A	Destination <input type="radio"/> Home <input type="radio"/> Doctor <input type="radio"/> Hospital <input type="radio"/> Clinic <input type="radio"/> Hotel <input type="radio"/> Return to Ski <input type="radio"/> Rest <input type="radio"/> Other <input type="radio"/> Unknown <input type="radio"/> N/A	Patrollers # 1st _____ 2nd _____ 3rd _____	Non-collision: <input type="radio"/> Fall - skier lost control <input type="radio"/> Fall - caught an edge <input type="radio"/> Fall & struck by own equipment <input type="radio"/> Fall - jumping <input type="radio"/> Fall - change of conditions <input type="radio"/> Fall - change of terrain <input type="radio"/> Near collision with <input type="radio"/> Prior medical condition <input type="radio"/> Skied off trail <input type="radio"/> Equipment failure (not binding) <input type="radio"/> Binding pre-released <input type="radio"/> Hit by other's equipment	Lift Related <input type="radio"/> Clothing caught on lift <input type="radio"/> Fall while loading <input type="radio"/> Fall while unloading <input type="radio"/> Fall from lift <input type="radio"/> Jump chair lift <input type="radio"/> Injured by restraining bar <input type="radio"/> Struck by chair Non-skiing related <input type="radio"/> Slip & fall (non-skiing) <input type="radio"/> Cold/weather related <input type="radio"/> Not otherwise classified <input type="radio"/> Other:
Form completed by (print) _____ # _____				Signed <input checked="" type="checkbox"/> _____	mm / dd / yy



## Why So Important? (Above Threshold)

- Fatality
- Paraplegia or Quadriplegia or Suspected Spinal Injury
- Loss of Consciousness
- Serious Multiple Injuries
- Amputation and/or Significant Loss of Blood
- Serious Injury (person to person)
- Collisions with Equipment and/or Structures
- Equipment incidents causing injury and/or significant mechanical malfunction
- Any allegations of abuse, inappropriate behavior or negligence

**Some useful abbreviations are:**

- **P Primary Survey**
- **P/S Secondary Survey (Note: you MUST record which type of survey you performed)**
- **TUP Tenderness upon palpitation**
- **R Right**
- **L Left**
- **C/O Complains of**
- **HX History of**
- **TX Treatment**
- **BB Backboard**
- **O2 Oxygen**

# Accident Report Form Review



## NATIONAL SKI AREA ACCIDENT REPORT

Resort/Ski Area	Accident Number:	Season (year1/year 2) <b>20</b> / <b>20</b>	Report Number <b>000000</b>	
	Incident Date ____ / ____ / ____ mm / dd / yy	Incident Time (24 hr) ____ : ____ hh : mm		

**The Full Legal Resort Name should be printed in this box. Ensure it appears on all copies of the report.**

**The Date is a critical piece of information that must appear on the report!**

**The Incident time is the time the incident was reported to the first patroller, dispatch, or approximate time given to the first patroller by the injured.**

**The arrival time of the first patroller appears later in the report.**

# Accident Report Form Review

Obtaining a name from the patient is of utmost importance. If the patient is unconscious or unresponsive, every effort should be made to determine the name.

Obtaining a phone number is crucial in tracking the patient at a later date, as well as it offers an opportunity to connect with the patient at a later date to see how their injuries are healing.

Obtaining a date of birth from the patient is of utmost importance. It is often the only way to track the patient down at a later date.

Name				Visitor Local Accommodation Info			
Home Address				City	Prov	Postal Code	
Phone ( ) -		If patient is a student, is he/she participating in a school ski program?		<input type="radio"/> Yes <input type="radio"/> No		Occupation/School Group	
Date of Birth ____ / ____ / ____ mm / dd / yy		Height ft/cms	Patient Type <input type="radio"/> Guest <input type="radio"/> Staff-Off <input type="radio"/> Staff-Work <input type="radio"/> Unknown	Ticket Type <input type="radio"/> Day Ticket <input type="radio"/> Multi-Day Ticket <input type="radio"/> Other Pass <input type="radio"/> Not Applicable <input type="radio"/> Unknown	Patient's Description of Incident		
Age	Gender <input type="radio"/> Male <input type="radio"/> Female	Weight lbs/kg					
Signs and Symptoms as recorded by Patroller/Doctor				Signed: <input type="radio"/> Patient <input type="radio"/> Parent <input type="radio"/> Guardian			
Allergies <input type="radio"/> None				Medications <input type="radio"/> None		Patient/Guardian to initial here if treatment is refused:	
Related Medical History <input type="radio"/> None				Recurrence of previous injury? <input type="radio"/> Yes <input type="radio"/> No Time of last meal: Drugs/Alcohol:			

# Accident Report Form Review

Name				Visitor Local Accommodation Info		
Home Address				City	Prov	Postal Code
Phone ( ) -		If patient is a student, is he/she participating in a school ski program?		Occupation/School Group		
Date of Birth		Patient Type		Ticket Type		Patient's Description of Incident
mm / dd / yy		<input type="radio"/> Guest <input type="radio"/> Staff-Off <input type="radio"/> Staff-Work <input type="radio"/> Unknown		<input type="radio"/> Day Ticket <input type="radio"/> Multi-Day Ticket <input type="radio"/> Other Pass <input type="radio"/> Not Applicable <input type="radio"/> Unknown		
Age	Gender	Weight	Signed:			
	<input type="radio"/> Male <input type="radio"/> Female	lbs/kg	<input type="radio"/> Patient <input type="radio"/> Parent <input type="radio"/> Guardian		Recurrence of previous injury? <input type="radio"/> Yes <input type="radio"/> No	
Signs and Symptoms as recorded by Patroller/Doctor				Patient/Guardian to initial here if treatment is refused:		
Allergies		Medications		Related Medical History		Time of last meal:
<input type="radio"/> None		<input type="radio"/> None		<input type="radio"/> None		Drugs/Alcohol:

Patient's Description of incident – Should be the injured description of the incident. Use extra pages if necessary to capture the full statement

Drugs/Alcohol - note if either of these is admitted to by the patient.

Individual resorts define a member in various formats such as: Member of the Resort or ski area, Night Pass Holder, Season Pass, Terrain Park Pass Holder.

Initial required for Refusal Of TX



# Accident Report Form Review

In the “patients description of the incident” we should be asking 3 important questions to assist the patient in providing us a good description of the incident:

- Where were you skiing/riding?
- How fast were you going?
- Were you skiing/riding in control?

✘ A bad description would be: "Fell while skiing. Broken leg."

✓ A good description would be: "I was riding down spill way real fast. I lost control and could not stop. I caught an edge and slid down the hill with my hands in front of me."

# Accident Report Form Review

Circle or mark L for Left, R for Right and B for Both, mark all that apply					Treatment Protocol			
<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Foot	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Lower Ab	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Upper Arm	<input type="radio"/>	Upper Back	
<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Ankle	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Upper Ab	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Elbow	<input type="radio"/>	Lower Back	<input type="radio"/> Fracture <input type="radio"/> Dislocation <input type="radio"/> Internal
<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Lower Leg	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Chest	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Lower Arm	<input type="radio"/>	Tailbone	<input type="radio"/> Sprain <input type="radio"/> Cardiac <input type="radio"/> Illness
<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Knee	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Neck	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Wrist	<input type="radio"/>	Head	<input type="radio"/> Strain <input type="radio"/> Stroke <input type="radio"/> Deceased
<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Thigh	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Clavicle	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Hand	<input type="radio"/>	Face	<input type="radio"/> Bruise <input type="radio"/> Concussion <input type="radio"/> Unknown
<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Hip	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Shoulder	<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Thumb	<input type="radio"/>	Medical	<input type="radio"/> Laceration <input type="radio"/> Hypothermia <input type="radio"/> N/A
				<input type="radio"/> L <input type="radio"/> R <input type="radio"/> B	Finger	<input type="radio"/>	No injury	<input type="radio"/> Frostbite
<input type="radio"/> Other injury:			If multiple, note primary injury:			<input type="radio"/> Other treatment:		

Note that these locations proceed from foot to head. There is a blank box to record other locations.

Note that the lower and upper abdomen, right and left can be used to record abdominal quadrants.

Please identify which type of protocol that First Aid was applied to.  
i.e. – Lower Leg Splint for suspected fracture you would check off Fracture

# Accident Report Form Review

At Scene On scene _____ : _____ Transported: _____ : _____ hh : mm	Base/Clinic In _____ : _____ Out: _____ : _____ : _____ mm hh : mm hh : <input type="checkbox"/> Additional F/A info attached
Medication administered: _____ : _____ by: hh : mm	

➤ **First Aid treatments at the scene must be recorded here, together with time.**

**Note that there is no space to record vital signs. An additional F/A (First Aid) form should be used to record these when judged necessary by the Patroller, and the “Additional F/A Info Attached” box must be checked.**

➤ **Any medication given by either staff or EMS must be recorded here, and signed by the person giving the medication. If you are unable to get a signature, indicate who gave the medication.**



# Accident Report Form Review

✓ A good description would be: "C/O pain midshaft R tibia. Redness and minor swelling anterior R tibia. Point tenderness on palpation. Unwilling to bear weight."

✗ A bad description would be: "evidence of sore leg, looks broken, pt is crying" This is not a sign or a symptom

Remember! It is just as important to record what is not observed, for example, "no swelling or point tenderness observed, able to bear weight."

# Accident Report Form Review

<input type="radio"/> Witnessed By <input type="radio"/> <input type="radio"/> Accompanied By <input type="radio"/> Collided With <input type="radio"/> Other:	Witness Name		Phone ( ) -	
	Home Address	City	Prov	Postal Code
<input type="radio"/> Witnessed By <input type="radio"/> <input type="radio"/> Accompanied By <input type="radio"/> Collided With <input type="radio"/> Other:	Witness Name		Phone ( ) -	
	Home Address	City	Prov	Postal Code

- ✓ The reports of eye witnesses are essential and extremely valuable!
- ✓ It is important to identify the witnesses so they can be contacted at a later date if required
- ✓ A detailed statement should be taken in a suitable format as soon as possible
- ✓ Make sure the statement is written in the witnesses words...do not lead them on. Simply ask them questions like “What did you see”, and “Did you notice anything unusual prior to the incident?”

**Note:** Your ski area may require that detailed statements be taken by designated investigators or insurance adjusters

# Accident Report Form Review

<b>Location</b>	Run	Incident Location			Run Classification	Activity	Involvement
	Map/Grid Coordinates	<input type="radio"/> Marked Run <input type="radio"/> Freestyle Terrain <input type="radio"/> Terrain/Rail Park <input type="radio"/> Competition Terrain <input type="radio"/> Half Pipe <input type="radio"/> Out of Bounds	<input type="radio"/> Closed inbounds <input type="radio"/> Off Trail <input type="radio"/> Lift Incident <input type="radio"/> Premises <input type="radio"/> Unknown <input type="radio"/> N/A	<input type="radio"/> Easiest <input type="radio"/> More Difficult <input type="radio"/> Most Difficult <input type="radio"/> Extreme <input type="radio"/> N/A	<input type="radio"/> Alpine <input type="radio"/> Snowboard <input type="radio"/> Telemark <input type="radio"/> Nordic <input type="radio"/> Touring <input type="radio"/> Tubing <input type="radio"/> Non-skiing <input type="radio"/> Other:	<input type="radio"/> Recreation skiing/riding <input type="radio"/> Recreation jumping <input type="radio"/> Competition <input type="radio"/> Training <input type="radio"/> In lesson (circle SB/Ski) <input type="radio"/> Tube slide <input type="radio"/> Terrain Park Feature <input type="radio"/> Unknown <input type="radio"/> Other:	
	GPS	Park Feature/Size:					
	Exact Location						
How many days has patient skied/ridden this year?	At this area:	At all areas:	N/A <input type="radio"/>	How many times has the patient skied/ridden this run/lift before?	When?		

GPS – This box is new and should be completed if the patroller has a GPS. If no GPS is present measurements to surrounding fixed objects should be considered

Park Feature/Size – is the Name, Number and Size of the Feature that the injury occurred on

Incident Location – For Freestyle terrain i.e. Cross Track, bumps, Riglet Park. Terrain/Rail Park would be typical Terrain Parks etc. Be sure to stay consistent in these classifications

\*Terrain Park Feature – Select “Other” box if the incident involved a Terrain Park Feature. Find out from the terrain park supervisor what the name of the feature is. Do not make assumptions. This form needs to match any documentation being done by others.



# Accident Report Form Review

- Marked Run = Run is posted
- Freestyle Terrain = Run is posted as Freestyle terrain (orange oval)
- Terrain/Rail Park = Within confines of a terrain park (freestyle terrain)
- Competition Terrain = Active competition i.e. racing
- Half Pipe = Within confines of established half pipe
- Out of Bounds = Not within confines of ski area boundary



# Accident Report Form Review

- Closed inbounds = On run or area marked as closed
- Off Trail = Off an identified trail but still within the ski area boundary
- Lift Incident = Injured at a lift facility (surface lift, chair lift, tube lift etc.)
- Premises = Indoors or on a deck, walkway or stairs or in a non skiing area i.e. parking lot
- Unknown Location = not known
- N/A



# Accident Report Form Review

➤ Park Feature/Hit Name of feature/hit = The Name, Number and Size of the Feature the injury happened on.

➤ **Run Classification**

- Easiest Run is posted as easiest (green circle)
- More Difficult Run is posted as more difficult (blue square)
- Most Difficult Run is posted as most difficult (black diamond)
- Extreme Run is posted as extreme (double black diamond)
- N/A

# Accident Report Form Review

Conditions

<b>Weather</b> <input type="radio"/> Clear <input type="radio"/> Overcast <input type="radio"/> Snowing <input type="radio"/> Raining <input type="radio"/> Fog <input type="radio"/> Unknown <input type="radio"/> N/A	<b>Light</b> <input type="radio"/> Sharp <input type="radio"/> Flat <input type="radio"/> Whiteout <input type="radio"/> Lights <input type="radio"/> Dark <input type="radio"/> Unknown <input type="radio"/> N/A	<b>Temp(C)</b> <input type="radio"/> Above 10 <input type="radio"/> 0 to 10 <input type="radio"/> -10 to 0 <input type="radio"/> -20 to -11 <input type="radio"/> Below 20 <input type="radio"/> Unknown <input type="radio"/> N/A	<b>Snow (cms)</b> <input type="radio"/> No new <input type="radio"/> 0 to 5 <input type="radio"/> 5 to 10 <input type="radio"/> 10 to 15 <input type="radio"/> Over 15 <input type="radio"/> Unknown <input type="radio"/> N/A	<b>Surface</b> <input type="radio"/> Groomed <input type="radio"/> Moguls <input type="radio"/> Powder <input type="radio"/> Variable <input type="radio"/> Granular <input type="radio"/> Hard <input type="radio"/> Unknown <input type="radio"/> N/A	<b>Equipment</b> <input type="radio"/> Owned <input type="radio"/> Area rental <input type="radio"/> Other rental <input type="radio"/> Area demos <input type="radio"/> Other demos <input type="radio"/> Unknown <input type="radio"/> N/A	<b>Binding Release</b> <input type="radio"/> None <input type="radio"/> Left only <input type="radio"/> Right only <input type="radio"/> Both <input type="radio"/> Pre-released <input type="radio"/> Unknown <input type="radio"/> N/A	<b>Rental Boot #</b> <hr/> <b>Rental Ski #</b> <hr/> <b>Helmet</b> <input type="radio"/> Owned <input type="radio"/> Rental <input type="radio"/> None <b>Lesson</b> <input type="radio"/> Never <input type="radio"/> This year <input type="radio"/> ___yrs ago	<b>Ability</b> <input type="radio"/> Beginner <input type="radio"/> Novice <input type="radio"/> Intermediate <input type="radio"/> Advanced <input type="radio"/> Expert <input type="radio"/> Unknown <input type="radio"/> N/A
--	---	---	---	---	---	---	--	--

Did patient collide with a person or object?  Yes  No

If yes, describe \_\_\_\_\_

If not a collision, what was the primary cause of the incident?

Transport

<b>To First Aid</b> <input type="radio"/> Walk/Ski <input type="radio"/> Toboggan <input type="radio"/> Snowmobile <input type="radio"/> Helicopter <input type="radio"/> Download <input type="radio"/> On-hill <input type="radio"/> Other <input type="radio"/> Unknown <input type="radio"/> N/A	<b>From Base</b> <input type="radio"/> Private Car <input type="radio"/> Taxi <input type="radio"/> Company <input type="radio"/> Ambulance <hr/> <input type="radio"/> Bus <input type="radio"/> Helicopter <input type="radio"/> Walk/Ski <input type="radio"/> Other <input type="radio"/> Unknown <input type="radio"/> N/A	<b>Destination</b> <input type="radio"/> Home <input type="radio"/> Doctor <input type="radio"/> Hospital <hr/> <input type="radio"/> Clinic <input type="radio"/> Hotel <input type="radio"/> Return to Ski <input type="radio"/> Rest <input type="radio"/> Other <input type="radio"/> Unknown <input type="radio"/> N/A	<b>Patrollers #</b> 1st _____ 2nd _____ 3rd _____	<b>Non-collision:</b> <input type="radio"/> Fall - skier lost control <input type="radio"/> Fall - caught an edge <input type="radio"/> Fall & struck by own equipment <input type="radio"/> Fall - jumping <input type="radio"/> Fall - change of conditions <input type="radio"/> Fall - change of terrain <input type="radio"/> Near collision with _____ <input type="radio"/> Prior medical condition <input type="radio"/> Skied off trail <input type="radio"/> Equipment failure (not binding) <input type="radio"/> Binding pre-released <input type="radio"/> Hit by other's equipment	<b>Lift Related</b> <input type="radio"/> Clothing caught on lift <input type="radio"/> Fall while loading <input type="radio"/> Fall while unloading <input type="radio"/> Fall from lift <input type="radio"/> Jump chair lift <input type="radio"/> Injured by restraining bar <input type="radio"/> Struck by chair	<b>Non-skiing related</b> <input type="radio"/> Slip & fall (non-skiing) <input type="radio"/> Cold/weather related <input type="radio"/> Not otherwise classified <input type="radio"/> Other: _____
---	---	---	--	--	--	---

Note: Collision Box

All Patrollers must be listed who provided First Aid

Fall while unloading IF the fall occurred while disembarking the lift. A fall once past the unload may not be lift related. Be careful here. A lift supervisor may have to do follow up investigating and reporting if the lift contributed to the fall.

## Weather

- **Clear** = The sky was clear or had some clouds
- **Overcast** = There was a general overcast
- **Snowing** = It was snowing at the time of the incident
- **Raining** = It was raining at the time of the incident
- **Fog** = There was fog at the time and place of the incident
- **Unknown** = Incident was not reported when it occurred but at a later date/time
- **N/A** = Not applicable ie: indoors

## Light

- **Sharp** = There was enough light for distinct shadows
- **Flat** = Diffused light – shadows are not distinct
- **Whiteout** = Diffused dim light or obscured light – difficult to judge depth due to lack of shadows
- **Lights** = Night lights
- **Dark** = No lighting
- **Unknown** = Incident was not reported when it occurred but at a later date/time
- **N/A** = Not applicable i.e. indoors (if a premise incident then it should be noted elsewhere)

## Temperature

- **Above 10** = At the time and site air temperature estimate above 10
- **0 to 10** = As above estimated to 0 to 10
- **-10 to 0** = Below 0 and above -10
- **-20 to -11** = Estimated between -11 and -20
- **Below 20** = Estimated below -21
- **Unknown** = Incident was not reported when it occurred but at a later date/time
- **N/A** = Not applicable i.e. indoors

## Snow

- **No new** = There has been no new snow in the previous 24 hours
- **0 to 5** = Up to 5 cm of new snow
- **5 to 10** = Between 6 and 10 cm
- **10 to 15** = Between 11 and 15 cm
- **Over 15** = More than 16 cm of new snow
- **Unknown** = Incident was not reported when it occurred but at a later date/time
- **N/A** = Not applicable i.e. indoors

➤ **This category refers to snow that has accumulated over the past 24 hours. I.e. on the day of, and before the incident.**

## Surface

- **Groomed** = The surface at the site had been groomed recently
  - **Moguls** = There were moguls at the site
  - **Powder** = There was some new snow on the old surface
  - **Variable** = The surface had a mixture of snow types i.e. slush or cut up powder
  - **Granular** = The surface snow was melt/freeze granules i.e. corn snow
  - **Hard** = The surface was hard enough to resist penetration of poles or ski edges due to freezing or compaction
  - **Unknown** = Incident was not reported when it occurred but at a later date/time
  - **N/A** = Not applicable i.e. indoors (again, special notes if premises)
- **General site conditions should be used, particularly if the run has been groomed. Note that this may vary due to the elevation and weather.**

## To and From First Aid Station

### To First Aid

- **Walk/Ski** = Patient walks, skis or snowboards to (from) first aid station. Circle walk if they walked or ski if they skied or snowboarded.
- **Toboggan** = Transported to first aid station by toboggan
- **Snowmobile** = Transported to first aid station by snowmobile
- **Helicopter** = Transported by helicopter
- **Download** = Downloaded on chair or gondola
- **On-hill** = Patient was treated at the site
- **Other**
- **Unknown**
- **N/A Patient refused treatment**

## To and From First Aid Station

### From Base

- **Private Car Taxi** = Departing in a private vehicle or taxi
- **Company** = Transported in a vehicle owned by the ski area
- **Ambulance** Transported by ambulance  
\_\_\_\_\_ Attending ambulance number and code
- **Bus** = Leaving by bus either chartered or scheduled
- **Helicopter** = Transported from base (or on hill) by helicopter
- **Walk/Ski** = Patient walks out or returns to skiing
- **Other**
- **Unknown**
- **N/A**



# Accident Report Form Review

## To and From First Aid Station

### Destination

- **Home = Patient left to go to a private residence**
- **Doctor = Patient was going to see a particular doctor (family physician)**
- **Hospital Going to hospital or emergency room**  
\_\_\_\_\_ Name of facility en-route to
- **Clinic = Going to a private or public treatment facility**
- **Hotel = Commercial accommodations**
- **Return To Ski = Patient returning to skiing / boarding**
- **Rest = Patient intends to rest**
- **Other**
- **Unknown = Patient did not advise their intentions**
- **N/A**



# Accident Report Form Review

Form completed by (print)	#	Signed:	____ / ____ / ____ mm / dd / yy
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- It is important that the Patroller completing the form print legibly and sign his or her name and date the form. The form **MUST be complete and legible.**
- This form may be entered as a Legal Document in the event of a legal dispute regarding the incident. The completing Patroller may be called upon to give evidence as to the information contained in the form and his or her involvement with the incident.
- It is important the Ski Area's Legal Counsel be able to establish who recorded the information on the form. If patrol numbers are used to identify patrollers, a record showing a correlation between the names of the member and their ID numbers shall be provided to the area.

## Why is the NSAAR Important?

- ✓ It is the time/date stamp of the incident!
- ✓ It reports what You as the first aider did to assist the injured!
- ✓ It offers an explanation of what happened!
- ✓ It has Statistical information!
- ✓ It is present in almost every Claim!
- ✓ Can You Remember 5 years ago, 10 years ago?
- ✓ It offers notes that could trigger your memory if you are called upon to testify in a case/discovery!
- ✓ You need Notes – The NSAAR does that!



# Accident Report Form Review

- It is critical to report all treatment and findings on the form
- Document, Document, Document!
- Ensure that if you are reporting a *SUSPECTED* Spine Fracture the treatment protocol matches! Remember to complete all the boxes/areas that match this treatment protocol
- Vitals should be reported/recorded on a separate form, note pad, etc.