

**UNITED STATES SKI & SNOWBOARD
FIRST REPORT OF ACCIDENT
2011 - 2012**

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.
ATTN: Claims Department
142 N. Main Street, P.O. Box 459
Roanoke, IN 46783-0459
Phone: (800) 566-7941 Fax: (260) 672-8835



Club Name: _____

Injured Person Information A, B, C Team National Member D Team National Member **USSA Number**
 Volunteer Physician General USSA Member

Last Name	First	Middle	Telephone Number ()		
Address			Social Security Number		
City	State	Zip	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of Birth
Email:					
Date of Injury:	Time:	<input type="checkbox"/> am <input type="checkbox"/> pm	Does the injured person have other medical insurance?		
Ski Area/Location:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Event Name:		Race Code:	Company:		
			Policy #:		

Incident Location	Mechanism of Injury	Sanctioned	Discipline Ski
<input type="checkbox"/> Slope/Trail <input type="checkbox"/> Jump <input type="checkbox"/> Pool <input type="checkbox"/> Weight Room <input type="checkbox"/> Ice Rink <input type="checkbox"/> Camp <input type="checkbox"/> Dryland Training Activity Weather Conditions <input type="checkbox"/> Sunny <input type="checkbox"/> Rainy <input type="checkbox"/> Foggy <input type="checkbox"/> Cloudy <input type="checkbox"/> Windy <input type="checkbox"/> Snowing	<input type="checkbox"/> Contact with object <input type="checkbox"/> Contact with surface <input type="checkbox"/> Illness <input type="checkbox"/> No contact <input type="checkbox"/> Overexertion <input type="checkbox"/> Overuse / Chronic <input type="checkbox"/> Pivot shift	<input type="checkbox"/> Competition / Event <input type="checkbox"/> Conditioning <input type="checkbox"/> On snow training <input type="checkbox"/> Other Surface <input type="checkbox"/> Artificial <input type="checkbox"/> Injected <input type="checkbox"/> Natural	<input type="checkbox"/> Adaptive Alpine <input type="checkbox"/> Adaptive XC <input type="checkbox"/> Aerials <input type="checkbox"/> Cross Country <input type="checkbox"/> Downhill <input type="checkbox"/> Dual Moguls <input type="checkbox"/> Giant Slalom <input type="checkbox"/> Halfpipe <input type="checkbox"/> Moguls <input type="checkbox"/> Nordic Jumping <input type="checkbox"/> Skicross <input type="checkbox"/> Slalom <input type="checkbox"/> Slopestyle <input type="checkbox"/> Super-G Discipline Snowboard <input type="checkbox"/> Big Air <input type="checkbox"/> Giant Slalom <input type="checkbox"/> Halfpipe <input type="checkbox"/> Slalom <input type="checkbox"/> Slopestyle <input type="checkbox"/> Snowboardcross

Classification of Injury Minor Injury or Illness Non-Injury Serious Injury or Illness

Body Part Injured

<input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Back <input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Chest
<input type="checkbox"/> Ear <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Eye <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Face	<input type="checkbox"/> Finger
<input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Groin	<input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Head	<input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Internal	<input type="checkbox"/> Jaw	<input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Mouth
<input type="checkbox"/> Neck	<input type="checkbox"/> Nose	<input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Toe	<input type="checkbox"/> Tooth
<input type="checkbox"/> Thigh	<input type="checkbox"/> Torso	<input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R		

Primary Injury

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Cold Injury	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Heat Illness	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Laceration	<input type="checkbox"/> Strain	<input type="checkbox"/> Sprain
<input type="checkbox"/> Suspected Concussion				

Disposition

<input type="checkbox"/> Air Flight	<input type="checkbox"/> Continued Sport	<input type="checkbox"/> EMS Transport	<input type="checkbox"/> Refer to Physician
<input type="checkbox"/> Refer to Hospital	<input type="checkbox"/> Released to Parent	<input type="checkbox"/> Released to Personal Vehicle	<input type="checkbox"/> Refused Care

Description of Accident

Signature and printed name of Trainer or Official (with no relationship to claimant) _____

Email _____ Phone # _____ Date _____