



ZURICH

U.S. SKI & SNOWBOARD
FIRST REPORT OF ACCIDENT

Administrative Concepts, Inc.
994 Old Eagle School Rd. Suite 1005
Wayne, PA 19087
Email: Claims@visit-aci.com
Fax: 610-293-9299
Call: 888-293-9229

COVERAGE UNDERWRITTEN BY:
Zurich North America

Club Name: \_\_\_\_\_

Injured Person Information
[ ] A, B, C Team National Member
[ ] Volunteer Physician
[ ] National Team Invitees
[ ] D Team National Member
[ ] General U.S. Ski & Snowboard Member
[ ] National Training Group
Member # \_\_\_\_\_

Last Name First Middle Telephone Number ( )

Address

City State Zip [ ] Male [ ] Female Age Date of Birth

Email:

Date of Injury: Time: [ ] am [ ] pm Does the injured person have other medical insurance? [ ] Yes [ ] No Company:

Ski Area/Location: Policy #:

Event Name: Race Code:

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

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

Body Part Injured
[ ] Ankle [ ] L [ ] R [ ] Arm [ ] L [ ] R [ ] Abdomen [ ] Back [ ] Upper [ ] Lower [ ] Chest
[ ] Ear [ ] L [ ] R [ ] Elbow [ ] L [ ] R [ ] Eye [ ] L [ ] R [ ] Face [ ] Finger
[ ] Foot [ ] L [ ] R [ ] Groin [ ] Hand [ ] L [ ] R [ ] Head [ ] Hip [ ] L [ ] R
[ ] Internal [ ] Jaw [ ] Knee [ ] L [ ] R [ ] Leg [ ] L [ ] R [ ] Mouth
[ ] Neck [ ] Nose [ ] Shoulder [ ] L [ ] R [ ] Toe [ ] Tooth
[ ] Thigh [ ] Torso [ ] Wrist [ ] L [ ] R

Primary Injury
[ ] Abrasion [ ] Cold Injury [ ] Dislocation [ ] Fracture [ ] Head Injury
[ ] Heat Illness [ ] Hypertension [ ] Laceration [ ] Strain [ ] Sprain
[ ] Suspected Concussion

Disposition
[ ] Air Flight [ ] Continued Sport [ ] EMS Transport [ ] Refer to Physician
[ ] Refer to Hospital [ ] Released to Parent [ ] Released to Personal Vehicle [ ] Refused Care

Description of Accident

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

Email \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_