

ASPEN SKIING COMPANY FIRST REPORT OF ACCIDENT

This form needs to be completed by the Supervisor with the Employee's input.

All injuries or accidents must be reported to a supervisor before the end of the shift in which they occur. First Reports must be submitted as soon as possible but no later than 24 hours after the incident.

Incident Date	<input type="text"/>	Incident Time	<input type="text"/>	Reported Date	<input type="text"/>	Reported Time	<input type="text"/>
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Employee Information

Name	<input type="text"/>	Employee ID	<input type="text"/>
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Job Information

Department #	<input type="text"/>	Job Title	<input type="text"/>	Supervisor Name	<input type="text"/>
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Incident Information

Provide a brief description of what happened	<input type="text"/>
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Provide specific location of where the incident occurred (i.e. right side, left side, etc.)	<input type="text"/>	What task was the employee performing at the time of incident?	<input type="text"/>
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Describe all of the injuries the employee sustained (be specific i.e. right or left, etc.)	<input type="text"/>
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Medical Information

Is medical treatment required?	Yes	No	Unknown at this time	If medical treatment is required, where has employee sought treatment or where do they intend to?	<input type="text"/>
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Describe the treatment the employee has received	<input type="text"/>
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Employee Acknowledgement and Consent

I hereby consent and request Aspen Skiing Company or its agent be permitted to obtain and examine all hospital and medical records of every sort and kind, interview physicians and other attendants, and take other steps necessary to investigate and administer my workers' Compensation claim. I hereby consent and request Aspen Skiing Company or its agents to interview and correspond with all employers and former employers regarding all matters related to my injury, earnings and loss of earnings. I agree that a photocopy of this release can be accepted with the same authority as the original.

I hereby affirm that the information provided above is true and complete to the best of my knowledge. I hereby acknowledge that anyone who knowingly makes a false statement to obtain, or support a claim for workers' compensation benefit is guilty of criminal fraud. I further acknowledge that an employee who fails to notify Aspen Skiing Company of his/her earnings while the employee is receiving temporary or permanent disability benefits will be considered to have made false statement to obtain workers' compensation benefits. Fraud claims will be prosecuted to the fullest extent of the law.

Employee Signature	<input type="text"/>	Date	<input type="text"/>
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Supervisor Signature	<input type="text"/>	Date	<input type="text"/>
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