Details on the accident	Details on the injured person	Details on care / transportation
Accident day	First name	Slope rescue unit
Accident time ①	Last name	Slope rescuer 1
Period 7 X	Gender 7 X	Slope rescuer 2
Accident location	Birthday	
Coordinates		Injury description
Weather 7 X	Street	Injury type
	Postcode/Place	
Temperature	Country 7 X	Transport type 1
	Language	Transport type 2
Police yes ono o		Transport type 3
	Phone	
Wittnesses Add a witness	Mobile	Medical Center
	E-Mail	Remarks
Remarks		Remarks
	Vacation home	
	Vacation place	
	Local person yes one o	
	Type of Sport	
	Cultinos	
	Helmet yes no	
	Ski course yes O no o participant	