

Incident/Accident Report
(Attach additional sheets if necessary)

Name of Injured: _____

Address: _____

Office Phone:(____) _____ Home Phone:(____) _____ Contact: _____

Insurance Policy Number _____ Effective Date _____

Age: ____ Gender: _____

Address: _____

Employment/Student Status: _____

Home Phone:(____) _____ Work Phone:(____) _____

Activity Resulting in Incident/Accident: _____

Date of Injury: _____ Time of Injury: _____ Type of Injury: _____

Describe extent of Injury: _____

Mental Status of Injured Individual: Confused ____ Calm ____ Panicked ____

Aggressive ____ Other ____

Detailed description of how accident happened: _____

Allergies and/or Medications: _____

Description of First Aid Given: _____

Is this a reinjury of an old condition?: _____

Activity Time Lost: None____ Half Day or More____ Ended Participation____

Describe Evacuation: _____

Description of location and accident site: _____

Description of Weather: _____

Estimated Air Temperature: _____ Estimated Water Temperature: _____

Wind: _____ Precipitation: _____ Clouds: _____ Visibility: _____

Any other contributing factors: _____

Contributing factors in relation to gear/equipment: _____

Trip Leader: _____ Age: _____

Training and Experience: _____

Guide whose student was injured: _____

Experience of training: _____

Other Guides/Assistants on Trip:

Name

Age

Experience

Had the injured party signed a release form or waiver and is it available?_____

Has the injured party ever participated in activities at this location before?_____

Does the injured party currently have any type of medical coverage? ___Yes ___No

If "Yes" please specify name of company_____

Did the injured party contribute to the accident in any way?_____

Did the injured party state that they contributed to the accident in any way?_____

Did the injured party refuse first aid or evacuation?_____

Did another participant contribute to the injury? (Describe)_____

Were warnings or instruction not followed that lead to accident?_____

Were there other parties injured in this accident?_____

Additionally obtain and attach:

- 1.Liability Waiver signed by the injured party
- 2.Written narrative statement by the trip leader of "what happened."
3. Names, addresses, and phone numbers of all witnesses including:
 - A. guests
 - B. guides
 - C. other witnesses
4. Witness Statements

Please provide complete and thorough information and reports as soon as possible.

SIGNATURE_____ DATE:_____

TITLE:_____