Submit completed form to: VP Outdoor Centers, Director of Finance/Operations, and Executive Director

Incident Report

OUTDOOR CENTER _____ DATE: _____/_____/_____ TIME OF INCIDENT ❑AM ❑PM

LOCATION Trail/Lift/Slide:_____ _

INJURED PERSON
Name_____ Occupation:_____ ❑ Male ❑ Female
Address_____ DOB_____
City_____ State_____ Zip_____ Age_____
Phone_____ Parent/GroupLeader_____ Weight_____
Medical Insurance: ❑ Yes ❑ No Height_____

DESCRIBE INCIDENT IN INJURED PERSON'S OWN WORDS
_____
_____
_____
_____
How could you have prevented incident: _____
_____

WITNESSES
_____
Name Address/City/State/Zip Phone
_____
Name Address/City/State/Zip Phone

PROBABLE INJURY
❑ Fracture ❑ Puncture/Laceration ❑ Abrasion ❑Dislocate ❑ Multiple
❑ Sprain ❑ Bruise/Contusion ❑ Concussio ❑ Frostbite ❑ Other _____

INJURY ZONE

	❑ Foot	❑ Hip	❑ Shoulder		
❑ Left	❑ Thigh	❑ Abdomen	❑ Arm	❑ Head	❑ Mouth
❑ Right	❑ Knee	❑ Chest	❑ Wrist	❑ Face	❑ Teeth
❑ Both	❑ Lower Leg	❑ Back	❑ Hand	❑ Eye	❑ Other _____
	❑ Ankle	❑ Neck	❑ Elbow	❑ Nose	

FIRST AID RENDERED
At Accident site:_____ By Whom_____
In Aid Area:_____ By Whom_____

TRANSPORT AND DESTINATION

❑ Walked Out			❑ Returned to Activity
❑ Auto/Bus		❑ AM	❑ Lodge/Home
❑ Ambulance	Time: _____:_____	❑ PM	❑ Hospital

EXPERIENCE

❑ Once	❑ First	❑ First
❑ 1-5 Times	❑ 2-9	❑ 2-9
❑ 5-More Times	❑ 10 or More	❑ 10 or More

SIGNATURE
Injured Person The above information is correct (x) _____
Parent or Guardian **I REFUSE FIRST AID** (x) _____

CONDITIONS

❑ Soft	❑ Fair	❑ Snowing	
❑ Heavy	❑ Overcast	❑ Raining	Approximately: _____
❑ Hard	❑ Fog	❑ Sleet/Hail	

Maintenance, Last 24 Hours:_____
Signs In Place: _____

PERSON COMPLETING REPORT
Comments:_____
_____
_____

_____ _____
Name Signature