Incident Report Form

Incident # _____

Date: _____/_____/_____

Incident Time: _____:_____
AM/PM

Location	Trail _____Been on Trail Before? Yes / No Premise: Exact Location _____	Trail Rating: ❑ Easier ❑ Intermediate ❑ Difficult
Injured Person	Name _____Occupation_____ Address _____ City _____State _____Zip _____ Phone _____ Parent / Group Leader _____ Medical Insurance: Yes / No Corrective Lenses: Yes / No Worn: Yes / No	Male / Female DOB _____ Age _____ Weight _____ Height _____
Describe incident in injured person's own words	How could you have prevented the incident?	
Witness	Name Address/City/State/Zip Phone Name Address/City/State/Zip Phone	

Probable Injury	❑ Fracture ❑ Sprain / Strain	❑ Puncture / Laceration ❑ Bruise / Contusion	❑ Abrasion ❑ Concussion	❑ Dislocation ❑ Heat Related	❑ Multiple ❑ Other _____	
Injury Zone	❑ Left ❑ Right ❑ Both ❑ Multiple	❑ Thigh ❑ Knee ❑ Lower Leg ❑ Ankle ❑ Foot	❑ Neck ❑ Back ❑ Chest ❑ Abdomen ❑ Hip	❑ Shoulder ❑ Arm ❑ Wrist ❑ Hand ❑ Elbow	❑ Head ❑ Face ❑ Eye ❑ Nose ❑ Mouth	❑ Teeth ❑ Other Previous Injury Yes / No
First Aid Rendered						
Transport/ Destination	❑ Walked Out ❑ Returned to Cycling	❑ Returned to Horse Back ❑ Auto / Bus	❑ Ambulance / SAR Time _____: _____ AM/PM		❑ Home ❑ Hospital	
Equipment	❑ Bike	❑ Helmet	❑ Hiker	☐ Equestrian		

Rider Experience	**Ability**	**Days This Season**	**Falls Today**
	❑ Beginner / Novice ❑ Intermediate ❑ Advanced / Expert	This Trail ❑ 1st Day ❑ 2-9 Days ❑ 10 or more Any Trail ❑ 1st Day ❑ 2-9 Days ❑ 10 or more	❑ 1st ❑ 2-9 ❑ 10 or more

Signature	THE ABOVE INFORMATION IS CORRECT (X) _____	**I REFUSE FIRST AID** **(X)** _____

Weather and Trail Conditions	**Trail Conditions**			**Weather / Visibility**		**Temperature**	
	❑ Paved ❑ Dirt ❑ Sand	❑ Gravel ❑ Rock ❑ Roots	❑ Dry ❑ Damp ❑ Mud	❑ Fair ❑ Overcast ❑ Fog	❑ Snowing ❑ Raining ❑ Sleet / Hail	❑ Below 32 ❑ 32-80 ❑ Above 80	

Patroller Comments	
Patroller Completing Form	Photos Taken Yes / No By Whom: _____ Date: _____ Time: _____ _____ _____ _____ Name Signature Patroller Number