

SCPD HIKING CLUB INCIDENT/ACCIDENT REPORT

While participating in an SCPD Hiking Club event and an injury or incident occurs, written documentation should be completed and forwarded to the SCPD Hiking Club **Safety Chair**, President and Vice President. (If the injury is of a serious nature, please contact the Club **Safety Chair** or President as soon as possible).

When & where did Incident occur: _____ at _____ AM/PM

If applicable, provide: Trail Name _____ Category _____

Hike Leader: _____

Name of Person involved in the incident: _____

M or F: _____ Age: _____ (Use back of this report or attach additional pages to list information per person, if more than one (1) person involved)

He/She is a: _____ SCPD Hiking Club Member; _____ Guest of a SCPD Hiking Club Member;

_____ SCPD Resident considering joining SCPD Hiking Club

Other (please explain) _____

Home Address: _____ Home/Cell Phone: _____

DESCRIBE HOW INCIDENT OCCURRED:

Describe Injuries (if any): _____

Describe treatment given at scene (if any): _____

Was 911 (CDDF/AMR) utilized? _____ Status of Person Involved? _____

Was 911 declined or refused by Person Involved? _____

Was Person involved transported to a Medical Facility: _____ Where? _____

By Whom? _____

PLEASE LIST Name, Address, Telephone numbers of Witnesses on the back of this report.

Name of Person preparing this report: _____

Date Report prepared: _____