

## 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:

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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: \_\_\_\_\_