# Accident/Incident/Near Miss Report Form

Date: _____
On Call person:_____ Trip # and Trip Description: _____

Name: _____ Age: ____ Male/Female Leader/Member
Name: _____ Age: ____ Male/Female Leader/Member
Name: _____ Age: ____ Male/Female Leader/Member

**Please provide all of the following information:**
1) Check all that apply:
☐ Injury ☐ Illness ☐ Near Miss ☐ Other (please specify) _____

2) Date of Incident: _____ Time of Incident: ___:___am/pm
3) Accident occurred day # ____ of trip.
4) Geographic Location, State: _____
5) Weather (please approximate conditions):
Temperature: _____deg. F
Precipitation: _____
Wind: _____
Visibility: _____

**Please check Yes or No. Explain as necessary.**
6) Were there any lost days? ☐ Yes ☐ No
If Yes: # Days Lost: _____
Route Change: _____

7) Was person evacuated from the field? ☐ Yes ☐ No
If Yes: Date Left/Trip Day Left: _____
Reasons for Leaving:
☐ Medical
☐ Other (please explain)

8) Did person visit medical facility? ☐ Yes ☐ No
If Yes: Length of Visit: _____
Name of facility and attending physician:_____

**Type of Injury/Illness or Near Miss (Prioritize major applicable categories):**

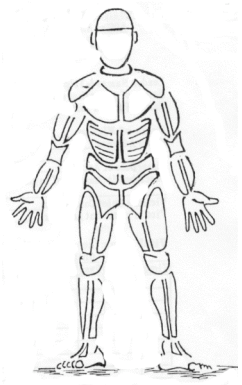
___ Pre-existing Cond.
___Tendonitis
___ Strain
___ Sprain
___ Fracture
___ Dislocation
___ Allergy
___ Anaphylaxis
___ Contusion
___ Abrasion
___ Laceration
___ Infection
___ Puncture
___ Burn
___ Blister
___ Concussion
___ Dental
___ Frostbite
___ Hypothermia
___ Heat Exhaustion
___ AMS (Altitude)
___ Suicide Ideation
___ Eating Concerns
___ Fatigue
___Gastrointestinal
___ Upp. Resp. Infection
___ Urinary Tract Infection
___ Fever
Other_____

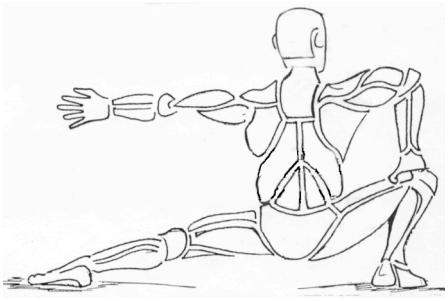
**Program Activity During Which Accident Occurred (Prioritize major applicable categories):**

___ Backpacking/Hiking
___ Setting up Camp
___At Camp
___ Cooking
___ Canoeing
___ Portage
___ Swim
___ Service
___ Vehicle
___ Walking
___ Running

Other_____

**Please circle injured areas:**





**Immediate Cause (Prioritize major applicable categories):**

| | | | |
|---|---|---|---|
| ___ Pre-Exist. Condition | ___ Fail. follow Inst. | ___ Lightning | ___ Missing/Lost |
| | ___ Improper Equip. | ___ Hazardous Animal | |
| ___ Bees/Wasps | ___ Darkness | ___ Medication | |
| ___ Fatigue | ___ Fall/Slip | ___ Drugs | Other: |
| ___ Dehydration | ___ Immersion | ___ Psychological | _____ |
| ___ Exceeded Ability | ___ Falling Object | ___ Misbehavior | |

**Narrative:** (Factually describe how the accident happened, include medical treatment given, and the disposition of the patient. Attach SOAP Note or physician's report if applicable).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**Additional Comments:**

_____
_____
_____
_____
_____
_____

Senior Leader/Supervisor:
_____

Witnesses of Event:
_____

Report Prepared By: _____ Date: _____

--------office use only----------

Report Reviewed By: _____ Date: _____