

Accident Report

Grand Valley Trails Association

In the event that a hiker has an accident/injury the hike leader(s), with the help of other witnesses to the accident/injury, must complete this form. If you are using this PDF form instead of the Word file (with form fields), please inform the Hike Coordinator by telephone AND send this completed form to the *GVTA Hike Coordinator* within 24 hours of the incident. If the Hike Coordinator does not confirm receiving the message or form within 24 hours, then contact a GVTA board member.

Hiker Leader Information

Name of Hike Leader _____

Phone _____ E-mail _____

Date of Hike _____

GVTA Map No. _____ from km _____ to km _____ Guidebook edition? 6 or 5 (circle one)

CASUALTY INFORMATION

Name of Casualty _____

Address (street/city/postal code) _____

Phone Number (include area code) _____

Doctor _____

Allergies? Yes No If yes, to what? _____

Taking medication? Yes No If yes, please give details. _____

Any medical conditions? Yes No If yes, please give details. _____

What type of injury/injuries occurred? _____

What type of medical treatment was required? _____

How did the injury/injuries occur? _____

NOTE: All details are very important. Use the back of this sheet for more details if necessary.