

NATURE VANCOUVER INCIDENT REPORT

For personal injury during club trips, activities and events

Mail completed form with a copy of the trip description and participant list to Nature Vancouver Field Trip Coordinator at PO Box 3021, Vancouver, BC, V6B 3X5. Also notify Field Trip Coordinator by phone or email as soon as possible that incident occurred and an incident report has been filled out.

Trip Name:	Trip Date:	
Name and contact information for trip leader:		
Name and contact information for injured person:		
Emergency contact information for injured person:		
Time of incident:	On or off trail?	
Location of incident (be as specific as possible eg. 2 km up the trail, by lake shore, SW corner of golf course, etc.):	Visibility:	
Condition of trail and terrain at site of incident (rocks, mud, ice, scree, etc.):	Weather:	
Description of incident (include as much description as possi	ble):	

Who provided incident descrip	tion:	
Was injured person ascending	or descending trail?	
Pace of injured person:		Pace of group:
Location of trip leader in relation	on to injured person at time	of incident:
Location of injured person to re	est of group at time of incide	ent:
Location of end person (if applicable) to injured person at time of incident:		
Does injured person use hiking	poles?	Was injured person using hiking poles at time of incident?
Description of footwear of injured person:		
Apparent pre-incident health 8	k physical condition of	Medications taken by injured person that trip leader was notified about:
injured person:		notined about.
Description of injuries:		
Description of injuries.		
First aid treatment provided:		
First aid treatment provided:		
Follow up modical treatment r		Name and contact information of first aid provider(s):
Follow-up medical treatment recommended?		Name and contact information of first aid provider(s).
Treatment recommendations:		
Name and analysis information	-fihaaaaa (liahaahaaiha	
Name and contact information of witnesses (list extra witnesses on another sheet of paper): Witness 1:		
Witness 2:		
Signature:		Name:
Data	Docition (trip loader injure	d norson witness ats h
Date: Position (trip leader, injured person, witness, etc.): For Nature Vancouver Field Trip Coordinator:		
Notification of incident:		
Date: Received Incident Report:	Method (Email, phone, etc.):	
Date:	Field Trip Coordinator Signature:	

Date copy of Incident Report mailed to BC Nature Office: