



Accident/Injury/Incident Report Form

Please send or fax this form to your Group leadership and the CMC state office as soon as possible.

The Colorado Mountain Club

710 10th Street, Suite 200 ♦ Golden, CO 80401 ♦ 303-279-3080 ♦ 800-633-4417 ♦ Fax: 303-279-9690

Trip Name	CMC Trip #	Trip Date/s	Trip Classification	Miles/ Elevation
Type of Activity: <input type="checkbox"/> Day Hike <input type="checkbox"/> Technical Climb <input type="checkbox"/> Snowshoe <input type="checkbox"/> Class Field Trip <input type="checkbox"/> Downhill Ski <input type="checkbox"/> Backcountry Ski <input type="checkbox"/> Backpacking <input type="checkbox"/> HAMS Trip <input type="checkbox"/> Adventure Travel Trip <input type="checkbox"/> Other:				
Trip Leader	Co-Leader		Roster & Report Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Report Filed By		E-mail	Date Filed	
Address		Home Phone	Work or Cell Phone	

Accident Injury Incident

Name/s of injured person/s, or person/s causing the incident	
Their Contact Information: (phone, e-mail, etc.)	
Affiliation with group (student, participant, leader, instructor, etc.)	Estimate of their experience <input type="checkbox"/> None or little (<1 st year) <input type="checkbox"/> Moderate (1-3 years) <input type="checkbox"/> Experienced
Name/s of others involved in the accident or incident	
Day, Date & Time	# of people in party
Geographic Location/ Route	

Location/conditions present during Accident/Incident (check all that apply):

On <input type="checkbox"/> Rock <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> On Trail <input type="checkbox"/> Off Trail <input type="checkbox"/> Scrambling <input type="checkbox"/> Creek/River
<input type="checkbox"/> Other:
While <input type="checkbox"/> Ascending <input type="checkbox"/> Descending <input type="checkbox"/> Other:

Immediate Cause (check all that apply) (list contributing causes on the back of the form):

Fall or slip on <input type="checkbox"/> rock <input type="checkbox"/> snow <input type="checkbox"/> ice <input type="checkbox"/> loose dirt/gravel <input type="checkbox"/> other:
Act of nature <input type="checkbox"/> rock fall <input type="checkbox"/> avalanche <input type="checkbox"/> lightning <input type="checkbox"/> weather: <input type="checkbox"/> other:
Subject/s <input type="checkbox"/> exceeded abilities <input type="checkbox"/> became stranded <input type="checkbox"/> became separated from group <input type="checkbox"/> failed to follow route
<input type="checkbox"/> wasn't properly equipped <input type="checkbox"/> failed to test hold <input type="checkbox"/> lost control on: <input type="checkbox"/> rappel <input type="checkbox"/> glissade <input type="checkbox"/> other:
<input type="checkbox"/> Other:
<input type="checkbox"/> illness/medical emergency (use back of form)
Equipment Problem/Failure:
Other:

Contributory Cause/s (list all that apply)

Type of Injury or Illness (if applicable):

<input type="checkbox"/> fatality <input type="checkbox"/> sprain <input type="checkbox"/> strain <input type="checkbox"/> fracture <input type="checkbox"/> abrasion <input type="checkbox"/> laceration <input type="checkbox"/> infection
<input type="checkbox"/> frostbite <input type="checkbox"/> hypothermia <input type="checkbox"/> heat stroke <input type="checkbox"/> heat exhaustion <input type="checkbox"/> concussion <input type="checkbox"/> psychological problems
<input type="checkbox"/> HAPE <input type="checkbox"/> HACE <input type="checkbox"/> AMS <input type="checkbox"/> Pre-existing Condition:
<input type="checkbox"/> Other:

Narrative description (attach a separate sheet, if needed):

Analysis: what knowledge and techniques, if any, will help prevent future accidents/incidents?

Additional Comments:

Follow-up: (Committee use only)
