### 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

<table>
<thead>
<tr>
<th>Trip Name</th>
<th>CMC Trip #</th>
<th>Trip Date/s</th>
<th>Trip Classification</th>
<th>Miles/Elevation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Type of Activity:

- [ ] Day Hike
- [ ] Technical Climb
- [ ] Snowshoe
- [ ] Class Field Trip
- [ ] Downhill Ski
- [ ] Backcountry Ski
- [ ] Backpacking
- [ ] HAMS Trip
- [ ] Adventure Travel Trip
- [ ] Other:

<table>
<thead>
<tr>
<th>Trip Leader</th>
<th>Co-Leader</th>
<th>Roster &amp; Report Attached?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report Filed By</th>
<th>E-mail</th>
<th>Date Filed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Home Phone</th>
<th>Work or Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**[ ] Accident  [ ] Injury  [ ] Incident**

Name/s of injured person/s, or person/s causing the incident

**Their Contact Information: (phone, e-mail, etc.)**

<table>
<thead>
<tr>
<th>Affiliation with group (student, participant, leader, instructor, etc.)</th>
<th>Estimate of their experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] None or little (&lt;1st year)  [ ] Moderate (1-3 years)  [ ] Experienced</td>
</tr>
</tbody>
</table>

Name/s of others involved in the accident or incident

**Day, Date & Time**

**# of people in party**

<table>
<thead>
<tr>
<th>Geographic Location/ Route</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

- [ ] On Rock
- [ ] On Snow
- [ ] On Ice
- [ ] On Trail
- [ ] Off Trail
- [ ] Scrambling
- [ ] Creek/River
- [ ] Other:

While

- [ ] Ascending
- [ ] Descending
- [ ] Other:

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

Fall or slip on

- [ ] rock
- [ ] snow
- [ ] ice
- [ ] loose dirt/gravel
- [ ] other:

Act of nature

- [ ] rock fall
- [ ] avalanche
- [ ] lightning
- [ ] weather:
- [ ] other:

Subject/s

- [ ] exceeded abilities
- [ ] became stranded
- [ ] became separated from group
- [ ] failed to follow route
- [ ] wasn’t properly equipped
- [ ] failed to test hold
- [ ] lost control on:
- [ ] rappel
- [ ] glissade
- [ ] other:

Other:

- [ ] illness/medical emergency (use back of form)

**Equipment Problem/Failure:**

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Contributory Cause/s (list all that apply)

Type of Injury or Illness (if applicable):

- Fatality
- Sprain
- Strain
- Fracture
- Abrasion
- Laceration
- Infection
- Frostbite
- Hypothermia
- Heat stroke
- Heat exhaustion
- Concussion
- Psychological problems
- HAPE
- HACE
- AMS
- Pre-existing Condition:
- 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)