



Incident /Injury/Illness Report Form

Please send or fax this form to 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

Date received at CMC:

- Copy sent to Group S & L name: _____
- Incident/Injury/Illness database

Incident (behavioral) Injury Illness Near Miss

| | | | | | |
|---|--|-------------------|--|---|--------|
| Name/s of injured person/s, or person/s causing the incident | | | | Age: | |
| His/Her Contact Information: (phone, e-mail, etc.) CMC Group (and school if applicable) | | | | | |
| His or Her Role on Trip <input type="checkbox"/> Student <input type="checkbox"/> Participant <input type="checkbox"/> Leader <input type="checkbox"/> Instructor <input type="checkbox"/> Other (describe) | | | Estimate of their experience for this activity <input type="checkbox"/> None or little (<1 st year) <input type="checkbox"/> Moderate (1-3 years) <input type="checkbox"/> Experienced | | |
| Name/s and contact info of witnesses to the accident/ incident: | | | | | |
| | | | | | |
| Date of incident: | | Time of incident: | | # of people in party: | |
| Geographic Location/ Route | | | | | |
| Trip Name | | CMC Trip # | Trip Date/s | Trip Classification | Group: |
| 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"/> Backpacking <input type="checkbox"/> HAMS Trip <input type="checkbox"/> Adventure Travel Trip <input type="checkbox"/> Backcountry Ski <input type="checkbox"/> Other: | | | | Miles/ Elevation | |
| Trip Leader | | Co-Leader | | Attach names of people on trip, if mailing in | |
| Report Completed by: | | E-mail | | Date Submitted to CMC: | |
| Address | | Home Phone | | Work or Cell Phone | |

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"/> psychological <input type="checkbox"/> head injury – conscious <input type="checkbox"/> head injury with loss of consciousness <input type="checkbox"/> HAPE <input type="checkbox"/> HACE <input type="checkbox"/> AMS <input type="checkbox"/> Pre-existing Condition: <input type="checkbox"/> Other: |
|--|

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

| |
|---|
| <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: |
| <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: |
| Other: |
| Illness/medical emergency (use back of form) |
| Equipment Problem/Failure or Other: |
| |

