

**INCIDENT REPORTING FORM****COMPLETE AS SOON AS POSSIBLE****Thames Valley Trail 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 as soon as possible. **Submit incident report:** **If** medical attention is required or a concussion is expected. **If** the hiker does not complete the hike in the normal manner and time frame. **If** there is damage to property. **If** the EMS is activated. Submit the report to your TVTA Activities Director, club President as well as to Hike Ontario at **info@hikeontario.com**. Hike Ontario will pass the report on to the insurance broker. Include waiver sheet also if possible.

Hike Leader(s)/Trail Maintenance Leader(s)

Name: _____ Phone#: _____

Email address: _____ Incident Date: _____ Time: _____

Event/Location: _____

Weather: _____

Conditions of the trail at time of incident: _____

Witnesses Names: _____

Casualty Information:

Name: _____ Phone#: _____

Email address: _____ Gender: _____ Approximate age: _____

Describe the incident: _____

Describe any injuries: _____

Describe any action taken: _____

Was the subject transported to hospital, clinic or doctor? _____

TVTA member: Yes___ No___

Police/Fire/Paramedic information including, name, badge number and phone number: _____

Describe any property damage: _____

Report submitted by: _____ Date: _____