

Great Old Broads for Wilderness Incident Report Form

Person making report:

Date:

Address:

Phone:

Trip Location:

PERSON INJURED/ILL:

Name:

Address:

Phone:

Age: <18 18-29 30-39 40-49 50-59 60-69 70-79 80+

Gender: (circle one): Female Male

INCIDENT DETAILS

Date of Incident:

Time of incident:

Location of Incident:

Brief factual description of illness/injury:

Detailed description of the incident and events and conditions prior to occurrence, all measures taken after the incident, including any medication or treatments given. Do not state opinions regarding the cause.

Signed:

Date:

Called Great Old Broads for Wilderness National Office date:

E-mailed or Mailed to Great Old Broads for Wilderness date: