

# 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:            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:

Emailed or Mailed to Great Old Broads for Wilderness date: