

TrailPass Incident Report

Report Submitted By: _____

Today's date: _____

Affiliation: _____

Date of Incident: _____

Time: _____ Place: _____

Time and Date Reported: _____

Name of Injured Party: _____

Address: _____

Phone number: _____

If injured party is a minor, list parent or guardian name:

Was medical attention needed? Yes or No If yes, who provided medical attention?

Name: _____

Address: _____

Phone: _____

How did the injured party leave the scene? (Circle one)

-Carried off on stretcher with/without paramedic supervision

-Assisted with/without paramedic supervision

-Walked away under their own power?

Was injured party transported to a medical facility? _____

Name of facility: _____

How was the injured party transported? (Circle One)

-Ambulance

-Friend or family member

-Drove self?

Report *obvious* injuries:

Describe with as much detail as possible what happened:

Were there any witnesses to the incident? _____ If yes, obtain a separate statement from them. Be sure to include their contact information.

Did the incident happen during the course of a scheduled event? Yes or No

Did the injured person sign a waiver? Yes or No

Was the injured person a spectator? Yes or No

Was the rider following basic riding safety guidelines? Yes or No

Is the injured person a club member, TrailPass holder or an outside participant?

What safety gear was the rider wearing? Please list:

List all other pertinent information below or on a separate sheet: