



# 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 10<sup>th</sup> 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 <sup>st</sup> year) <input type="checkbox"/> Moderate (1-3 years) <input type="checkbox"/> Experienced		
Name/s and contact info of <b>witnesses</b> 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:
<b>Type of Activity:</b> <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:
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### 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:

**Contributory Cause/s (list all that apply)**

- climbing unroped   
  exceeding abilities   
  inadequate equipment   
  climbing alone   
  weather  
 darkness   
  nut or chock pulled out  
 party separated   
  no hard hat   
  piton pulled out   
  placed no or inadequate protection   
  exposure  
 exhaustion   
  illness   
  failure to test holds   
  other (specify):

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**Narrative description (attach a separate sheet, if needed):**


**Analysis: what knowledge and techniques, if any, will help prevent future incidents/injury/illness?**


**Additional Comments:**


**Follow-up: (Committee use only)**
