### 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 10th Street, Suite 200 • Golden, CO 80401 • 303-279-3080 • 800-633-4417 • Fax: 303-279-9690

- Incident (behavioral)
- Injury
- Illness
- Near Miss

#### Name/s of injured person/s, or person/s causing the incident

<table>
<thead>
<tr>
<th>Age:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### His/Her Contact Information: (phone, e-mail, etc.)

<table>
<thead>
<tr>
<th>CMC Group (and school if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

#### His or Her Role on Trip

<table>
<thead>
<tr>
<th>Student</th>
<th>Participant</th>
<th>Leader</th>
<th>Instructor</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

#### Estimate of their experience for this activity

<table>
<thead>
<tr>
<th>None or little (&lt;1st year)</th>
<th>Moderate (1-3 years)</th>
<th>Experienced</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

#### Name/s and contact info of witnesses to the accident/incident:

<table>
<thead>
<tr>
<th>Date of incident:</th>
<th>Time of incident:</th>
<th># of people in party:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

#### Geographic Location/ Route

<table>
<thead>
<tr>
<th>Trip Name</th>
<th>CMC Trip #</th>
<th>Trip Date/s</th>
<th>Trip Classification</th>
<th>Group:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

#### Miles/Elevation

<table>
<thead>
<tr>
<th>Type of Activity:</th>
<th>Day Hike</th>
<th>Technical Climb</th>
<th>Snowshoe</th>
<th>Class Trip</th>
<th>HAMS Trip</th>
<th>Adventure Travel Trip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downhill Ski</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Backpacking</td>
<td></td>
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</tr>
<tr>
<td>Backcountry Ski</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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</tbody>
</table>

#### Trip Leader

<table>
<thead>
<tr>
<th>Co-Leader</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### Attach names of people on trip, if mailing in

#### Report Completed by:

<table>
<thead>
<tr>
<th>E-mail</th>
<th>Date Submitted to CMC:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### Address

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work or Cell Phone</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### Type of Injury or Illness (if applicable):

- Fatality
- Sprain
- Strain
- Fracture
- Abrasion
- Laceration
- Infection
- Frostbite
- Hypothermia
- Heat Stroke
- Heat Exhaustion
- Psychological
- Head Injury – Conscious
- Head Injury with Loss of Consciousness
- HAPE
- HACE
- AMS
- Pre-existing Condition
- Other:

#### Location/conditions present during Incident/Injury/Illness (check all that apply):

- Rock
- Snow
- Ice
- On Trail
- Off Trail
- Scrambling
- Creek/River

#### Other:

- Ascending
- Descending
- Other:

#### Immediate Cause (check all that apply) (list contributing causes on the back of the form):

- Fall or slip on:
  - Rock
  - Snow
  - Ice
  - Loose dirt/gravel
  - Other:

- Act of nature:
  - Rock fall
  - Avalanche
  - Lightning
  - Weather:
  - Other:

- Subject/s:
  - Exceeded abilities
  - Became stranded
  - Became separated from group
  - Failed to follow route
  - Wasn’t properly equipped
  - Failed to test hold
  - Lost control on:

- 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):

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)