

OTTAWA OUTDOOR CLUB
INCIDENT REPORT FORM

Please complete this form immediately or as soon as possible after the incident.
 Use reverse side for additional space if needed.

Outing Leader Name:	Incident Date:	Time:
Phone #:		
Event / Location:		
Weather:		
Conditions of terrain (land or water) at time of incident:		
Describe the incident (injury, lost participant, etc.)		
INJURED PARTY: Name & contact information (phone #, email address)		Age:
Police / Fire / Paramedic information including Name, Badge Number, & Phone #:		
Information from witnesses:		
Describe any property damage:		
Describe any injuries:		
Describe any actions taken, including any first aid administered:		
Was the subject transported to hospital, clinic, doctor, or similar?		
DETAILS OF THE PERSON COMPLETING THIS INCIDENT REPORT		
Name:	Phone #:	Email:
Time since incident:		

Please scan or photograph the completed form and email to incident@ottawaoutdoorclub.ca.