

TriState Ramblers

Incident Report

Instructions: Fill in this form if someone is injured at a TriState Ramblers event and had, or is likely to require, medical treatment at a medical facility. When completed, scan or take a photo of the report and send it via email or text attachment to the club treasurer. In the event of a major accident involving rangers/police/EMS, you must also send this form to the TSR president at your earliest opportunity and no later than the end of the day.

Treasurer: John Crump johnmcrump@yahoo.com 973-534-6168

President: Gordon Thomas thomasg0608@gmail.com 609-977-0267

Date of incident:	Time of incid	ent:
Location of incident:		
Event leader's name:		
Participant's name:		
Phone:	_ Alternate phone:	
Description of incident:		
Nature of injury:		
The participant:		
Continued until the end of the activity? \square Yes \square No		
Left the activity? ☐ Yes ☐ No	If yes, who accom	panied him/her?
Went to a medical facility?	Yes □ No If yes, w	where:
Required outside assistance?	☐ Yes ☐ No If yes	s, describe: