

**SALT SPRING TRAIL & NATURE CLUB INCIDENT REPORT**  
**for personal injury or property damage**

Date and Time of incident:

Location of incident, including trip description and specific details:

If an injury occurred:

- Name of Injured Person.
  
  
- Injured person contact information.
  
  
- Describe the accident in full detail.
  
  
- Did the injured person continue participation in the activity?
  
  
- Was outside help called? (911, search & rescue, etc.). If yes, describe who was called and what they did.
  
  
- Describe First Aid given.
  
  
- Name and contact information of person who gave First Aid.
  
  
- Was the participant taken to the hospital or other medical facility? By whom & when?
  
  
- Comments by injured person.

If property damage occurred:

- Describe the cause of the damage.
  
- Describe or diagram property damage resulting from the incident.
  
- Was outside help called? (911, fire, etc.). If yes, describe who was called and what they did.
  
- Describe in detail any follow up measures taken.

Comments by Trip Leader:

Trip Leader completing report

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Names and Contact Information of two Witnesses to Incident:

1.

2.

Place completed form to the Secretary's envelope in the SSTNC box at the Tourist Info Centre.

Report submitted to BC Nature by:

Exec Member \_\_\_\_\_ Date \_\_\_\_\_