



POTOMAC APPALACHIAN TRAIL CLUB

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Incident Report

Instructions: Complete this form whenever an injury occurs during a PATC activity, or where an incident occurs which could result in liability to the activity leader, PATC, or any participant. Write "n/a" in any box which does not apply. On the reverse, fully describe the incident. Attach a copy of the hike Sign in and Liability Waiver form, if applicable, and any police or other agency reports you may have. Submit the report to the PATC Director of Administration.

Date of Incident	Time	Location	
Hike/Trip Name		Leader's Name	
Type of Incident (e.g. hiker fall, motor vehicle accident, animal bite, etc.)		Number Injured	
Information about Injured Persons (For more than 2 injured, use continuation space)			
Name	Address and Telephone		Nature and Extent of Injury
Medical Treatment?	If so, by whom?		
Name	Address and Telephone		Nature and Extent of Injury
Medical Treatment?	If so, by whom?		
Responding Police Officers	Agency	Phone #	Report #
Information about Witnesses, especially ones not involved in the incident, and not on the hike (Use continuation space if necessary)			
Name	Address		Phone #
Reporting person's signature (Print name if other than hike leader)			

