Susquehanna Appalachian Trail Club

Incident/Accident Report

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| **Date of Incident:** |  | **Time**: **AM/PM** |
| **Location:** |  | |

**Details of Incident:** (a brief factual account of the incident; include who was involved, how the incident occurred and what action is/was being taken in response to the incident.

Use back of sheet if more space needed, or attach additional sheet.

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**If Applicable**:

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| **Name of Injured person:** | |  |
| **Address:** |  | |
| **Phone:** |  | |

**Witnesses:(Name, address, phone number)**

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| **Name of person submitting report:** |  |

Hike Leader should contact the Hike Committee Chair to report the incident as soon as possible and submit this form to the attention of the Hike Committee Chair within 24 hours of the incident either by email or mail:

S.A.T.C.

P.O.Box 61001

Harrisburg, Pa. 17106-1001

Attn: Hike Committee Chair