Incident Reporting Form

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| Hike Leader Name: |  | Telephone #: |
| Email: |  |  |
|  |  |  |
| Date of Occurrence: |  | Time of Occurrence: |
| Event/Location: |  | Weather: |
|  |  |  |
| Person(s) involved: |  |  |

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| Describe the Incident: (injury/lost hiker etc) |
| Describe any injuries: |
| Describe any action taken: |

In the event of any incident, please return this form to Hike Coordinator, Oak Ridges Trail Association P.O. Box 28544, Aurora, Ontario, L4G 6S6