Incident Reporting Form

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

|  |
| --- |
| 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