



Ganaraska Hiking Trail Association Inc.

ACCIDENT/INCIDENT REPORT

To be completed by hike leader at the time of the incident or within 24 hours of the incident, and forwarded to president@ghtra.ca

Hike leader information					
Name of hike leader		Phone		Email address	
Date and time of hike incident		Location of hike incident			
Day-month-year	Time	Property name	Map no.	Hike was from km	To km
Other information about location – W3W or GPS coordinates, and description of terrain (stairs, rocks, roots, hill, etc.)					
Injured hiker information					
Name and contact info of injured hiker				GHTA member Yes/no	Gender Male/female
Incident details					
Describe what happened and how, including the location, nature of the hazard or injury, the circumstances, and property damage, contributing factors, witnesses.					
Describe weather and conditions at time of incident					
Describe any injuries incurred					

Describe actions taken?

- Was First Aid administered? Y/N
- Was subject transported to hospital? Y/N
- Was emergency contact contacted? Y/N
- Was Police/Fire/Paramedic contacted Y/N? (if so, include name, badge number and details)

NOTE: All details are very important. Use the rest of this sheet for more details if necessary.

Signed (by Hike Leader):

Name

Signature

Date
