

# Incident Report

Incident 230825-0001  
Incident Date: 08/25/2023 07:49 AM

Run: 08/25/2023 07:52 AM

**Incident**

Premise Added On 08/25/2023 07:49 AM  
Activity Collision  
Location notes:

**Injured Person**

First Name Last Name  
Gender Corrective Worn  
DOB Invalid date Height Feet Inches Weigh  
Ethnicity Employee No  
Age

**Contact Info**

Parent/Guardian  
Occupation  
Address  
City  
State/Province Zip  
Country  
Phone Cell  
eMail

Comments

Group Name

Ticket #

Type

**Injured Statement**

How Guest Prevent

Signed By (If Not Guest)

**Injured History**

**Day Of Incident**

Ability

Helmet Worn      Unknown

Instructor

Was in Lesson

Did Injured Person      Count  
use this Trail/  
Feature/Activity  
before?

Rode Lift Prior      Last Lift Ridden      Count  
Prior

Number of Falls

Number of Hours

**History**

Days This Area

Days Other Area

Years This Area

Years Other Area

Learned Activity  
When

Learned Activity  
Other

**Injury**

Chief Complaint:

Injury Zones:

Possible Injuries:

Primary Zone:

Primary Injury:

**Treatment**

**Arrived**

How  
Other  
By Whom  
Time

**Depart**

How  
Other  
By Whom  
Time  
Recommendation  
Destination  
Equipment Sent

Allergies

Medications

Last Meal

Medical History

Pre-Existing  
Conditions

Exam/Possible  
Injury

Treatment

Vitals  Conditions  Equipment	Time	Pressure	Pulse	SpO2	Pupil Left	Pupil Right	Resp	Skin	MS-AVPU	Comments	
	Surface Weather Wind Visibility Other Conditions Temperature										