

# ONC/PORTLAND CHAPTER INCIDENT REPORT



## Source of Report:

Name \_\_\_\_\_ Role \_\_\_\_\_

Phone \_\_\_\_\_ Report Date \_\_\_\_\_

## Incident Details:

Leader \_\_\_\_\_ Party Size \_\_\_\_\_

Incident Date \_\_\_\_\_ Time \_\_\_\_\_

Incident Location \_\_\_\_\_ Trail (if applicable) \_\_\_\_\_

## Activity:

Day ski tour                       Hike                                       Other \_\_\_\_\_

Overnight ski trip               Bicycle trip

## Incident Description:

Briefly describe conditions, hazards, events leading up to the incident, immediate and secondary causes.

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Name of person involved/injured in incident: \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Experience level \_\_\_\_\_

## Injury/Illness:

Allergic reaction                       Sprain/strain                                       Unknown

Burn                                       Concussion                                       Other \_\_\_\_\_

Laceration/Puncture               Frostbite/hypothermia

Fracture                                       Heat exhaustion/heat stroke

## Evacuation/Outcome:

What emergency procedures were used? What emergency responder, if any, was called for assistance? Did the person have to be evacuated? If so, how and by whom? Did the person need to receive medical attention? If so, where?

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Please submit form by mail to: ONC-PDX, PO Box 3906, Portland, OR 97208-3906

Or scan and email to: oncpdxpresident@gmail.com