



Incident /Accident Reporting Form

The Avon Trail
Box 21148, Stratford, ON N5A 7V4
info@avontrail.ca <> www.avontrail.ca

Hike Leader Name & Phone No.: _____

Incident Date: _____ Incident Time: _____

Event/Location: _____

Weather & conditions of trail at time of incident: _____

Describe the incident (injury, lost hiker, etc.): _____

Name & contact information of injured party: _____

Describe any injuries and what first aid was provided, if any. _____

Was 911 activated? _____

What actions were taken? (clinic/hospital/home) _____

Describe any property damage: _____

Name and contact information of witness. _____

Police/Fire/Paramedic information including name, badge number and phone number: _____

Please mail in a copy: Avon Trail, Box 21148 Stratford ON N5A 7V4

Hike Leader or designate is to do a follow up call to injured party within 48 hours.