



AvonTrail.ca

Incident Reporting Form

Avon Trail Association

Hike Leader Name, Phone #:	Incident Date:
	Time:
Event/Location:	
Weather:	
Conditions of trail at time of incident:	
Describe the incident (injury, lost hiker, etc.):	
Name and contact information of injured party:	
Police/Fire/Paramedic information including name, badge number and phone number:	
Describe any property damage:	
Describe any injuries and / or actions taken:	
Please mail in a copy: Avon Trail Box 21148 Stratford ON N5A 7V4	