

INCIDENT/ACCIDENT REPORT FORM

Date/Time: _____

Leaders Name: _____

Participant Name: _____

Description of Incident/Injury:

Response/Treatment:

Other comments:

Names of Witnesses (if any):

Trail Steward's Signature: _____ Date: _____

Participant Signature (if applicable): _____ Date: _____

**Contact the Shuswap Trail Alliance Project Manager at 250-832-0102
And forward a copy of this information to trailreport@shuswaptrails.com**