



Sierra Club Incident Report Instructions

Trip leaders are responsible for reporting all incidents and illnesses **immediately** after the outing using this Incident Report Form. Failure to report incidents may jeopardize the leader and the Club. During the time of the incident, use the Patient Report or similar medical field assessment form. You can download both the Incident Report and Patient Report from the following extranet site: **<http://clubhouse.sierraclub.org/outings/forms.asp>**

An Incident Report must be filed for:

- Any incident that requires search, rescue or evacuation.
- Any injury that requires advanced first aid.
- Any injury or illness that could have future complications or require medical attention after the outing (i.e. animal bite, severe sprain).
- Any act of suspected sexual harassment or child abuse.
- Any act that violates the law.

An Incident Report does not need to be filed for:

- Minor injuries such as scratches and blisters.
- Other personal illnesses that will not likely have future complications even if the illness causes the person to leave the trip.

Please fax and mail in the original Incident Report including the following items:

- Sign-in sheet or Participant list
- Original Liability Waiver
- Participant Medical Form and/or Patient Report, if applicable

Please send your report to:

Fax reports to: (415) 977-5795

After faxing, mail reports to: Sierra Club Outings
Attn: National Outings Director
85 Second Street, 2nd Floor
San Francisco, CA 94105

Life-threatening incidents/emergencies/fatalities that require rescue or evacuation should be reported immediately by telephone to the Sierra Club Outings Department at:

1-888-OUTINGS (888-688-4647)
or **01-715-852-1701** if calling internationally

This revised Incident report replaces the three-page, carbon copy version. **Please discard any old Incident Reports (formerly known as Sierra Club Accident and Illness Report) and distribute this form to all of your Outings Leaders and administrative offices.**

Sierra Club Incident Report Form

Include the participant's waiver and medical form with this report.

Person making report : <u>Robert Bernstein</u>	Date: <u>7 / 30 / 06</u>
Address: <u>448 Mills Way #B; Goleta, CA 93117</u>	Phone: <u>(805) 685-1283</u>

Outing Details

National Trip Number: _____ Subcommittee: _____

Inner City Outing Name: _____ ICO Group: _____

Local Outings Outing Name: L i z a r d ' s M o u t h Chapter/Entity Name: Los Padres/Santa Barbara Group

Leader Name: Robert Bernstein

Copy of report sent to:

Chapter Outings Chair	Group Chair
Chapter Chair	ICO Group Chair
Group Outings Chair YES	Subcommittee Chair

Chair name and phone number:

Identity of ill, injured, or affected person:

Name: Jasna Haller

Address: 2515 Lomita; Camarillo, CA

Phone: (805) 907-6026

Age (check one): 30 - 39 60 - 69

 Under 19 40 - 49 70 - 79

 20 - 29 50-59 80 +

Male Female Height: _____ Weight _____

Sierra Club member? Yes

Family of injured contacted? Yes No If yes, by whom? _____

Family contact: _____ Relationship: _____

Address: _____ Phone: () _____

Public agencies contacted regarding this incident:

Date: _____ / _____ / _____ am pm Agency: _____

Location: _____ Contact: _____

By: _____ Phone: () _____

Evacuation / Search & Rescue The incident required:

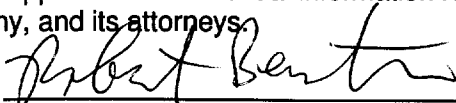
Immediate evacuation Assistance (search & rescue) Neither Continued outing Ended outing early

Names of all other witnesses or persons involved in the evacuation or search and rescue:

Name:	Address:	Phone:
_____	_____	_____ () _____
_____	_____	_____ () _____
_____	_____	_____ () _____
_____	_____	_____ () _____

Incident Details																	
Date of Incident: <u>7 / 29 / 06</u> Time <u>9 :40</u> am	Weather Conditions: Clear																
Location:																	
Brief factual description of injury or illness: Ankle sprain	First aid provided (including any medication): Ice																
	By whom: Patient																
<p>Provide full description of the incident including preceding events and conditions, and all measures taken after the incident. Do not state any opinions regarding the cause (use additional sheets if necessary).</p> <p>It was within a hundred feet of the road as we started out, she somehow slipped, fell and hurt her ankle. At first she could not move and was in very severe pain. But then she was able to walk with her poles to her car (three of us went with her). She had come with a friend and he was going to drive her to the hospital. (We had room in other cars to take the other riders.)</p> <p>I called her later that afternoon and she went all the way to a "doc in a box" place in Camarillo where she lives. They x-rayed it and said it is a sprain and not a fracture. They gave her a brace and she will be on crutches for about a week before she can bear weight using the brace.</p> <p>She is only taking ibuprofen and said the pain is not bad as long as she is sitting. She sounded good and in good spirits. The yell that she let out at the time and her inability to move made it sound like a fracture, but this tolerable level of pain this many hours later seems like a good sign.</p> <p>We talked for a long time and she seemed confident she'd be able to lead her hike in a month. I told her I'd check back with her in a week.</p>																	
<p>Activity participant was doing when incident occurred</p> <table border="0"> <tr> <td>Car Camping</td> <td>In camp</td> <td>River activity:</td> <td>Sledding</td> </tr> <tr> <td>Cycling</td> <td>International trip</td> <td>kayak raft canoe</td> <td>Service Trip</td> </tr> <tr> <td><u>Hiking</u></td> <td>Kayaking: sea lake</td> <td>Skiing: x-country</td> <td>Swimming</td> </tr> <tr> <td>Hiking with pack</td> <td>Mountaineering</td> <td>alpine</td> <td>Other:</td> </tr> </table>		Car Camping	In camp	River activity:	Sledding	Cycling	International trip	kayak raft canoe	Service Trip	<u>Hiking</u>	Kayaking: sea lake	Skiing: x-country	Swimming	Hiking with pack	Mountaineering	alpine	Other:
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Cycling	International trip	kayak raft canoe	Service Trip														
<u>Hiking</u>	Kayaking: sea lake	Skiing: x-country	Swimming														
Hiking with pack	Mountaineering	alpine	Other:														

I have supplied the confidential information requested above for the Sierra Club, its insurance company, and its attorneys.

Signed 

Date 7 / 30 / 06

Fax Report to: (415) 977-5795

Mail original Report, medical forms & participant waiver to: Sierra Club Outings
Attn: National outings Director
85 Second Street, 2nd Floor
San Francisco, CA 94105

This report is intended to be confidential for transmission to and use by Sierra Club attorneys for litigation arising out of claims.