

**BCHW INCIDENT REPORT**  
(Submit to BCHW President within 5 days of incident)

Date and time of incident:

Location of incident:

Land owner or land manager:

Contact information for land owner or land manager:

Land owner or land manager notified: Yes No

Incident investigated by land owner or land manager: Yes No

Contact information for land owner or land manager investigator:

BCHW chapter:

Activity (chapter ride, work party, etc.):

Name of person(s) injured:

Contact information for injured person(s):

Person(s) injured is/are BCHW member(s): Yes No

Liability Release signed: Yes No Where filed?

Description of injury:

Extent of injury:

Medical assistance provided:

Other assistance provided:

Assessment of cause:

Current status of injured person(s):

<b>Person reporting incident to chapter president:</b>
<b>Contact information for person reporting incident to chapter president:</b>
<b>Name(s) of witness(es):</b>
<b>Contact information for witness(es):</b>
<b>Witness statement(s) completed: Yes                  No</b>
<b>Attachment(s) of witness(es) statement(s): Yes                  No</b>
<b>Photographs taken:                  Yes                  No</b>
<b>Contact information for photographer(s):</b>
<b>Attachment(s) of photograph(s)                  Yes                  No</b>
<b>Statement(s) given:                  Yes                  No</b>
<b>Contact information for <u>any</u> individual(s) given a statement:</b>
<b>Submitted to BCHW by:</b>
<b>Contact information:</b>
<b>Date:</b>