

**ON THE HILL GANG LOS ANGELES  
INCIDENT AND WITNESS REPORTS  
GUIDELINES FOR ACTIVITY LEADERS**

**If you are leading a club activity and one of the participants is involved in a serious incident, you must complete an Incident Report and have any witnesses complete a Witness Report.**

**These two forms gather important information about the incident, including how it occurred, the nature of any injuries (if applicable), and how the incident was handled by the activity leader and others who responded. You should complete an Incident Report and have any witnesses complete a Witness Report as soon after the incident as possible so everyone still remembers the details of what happened.**

**Please complete the Incident Report and ask witnesses to complete the Witness Report in the following situations:**

- **Emergency medical services are called (for example, 911).**
- **A participant is seriously injured (for example, abrasions, lesions, bone fractures, disorientation, and so on).**
- **A participant has hit his or her head, or other head trauma occurs.**
- **You recommend that the participant get medical care and the participant refuses.**
- **The incident involves a participant and a motor vehicle.**
- **Property damage has occurred.**
- **Anything else that you think warrants documentation. If in doubt, complete the forms.**

**ON THE HILL GANG LOS ANGELES  
INCIDENT REPORT**

**ACTIVITY:**      **HIKING**     **BIKING**     **KAYAKING**     **OTHER**

**ACTIVITY LEADER:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_    **Time of Incident:** \_\_\_\_\_ **AM/PM**

**Location:** \_\_\_\_\_

**Name of Injured Party:** \_\_\_\_\_    **Age:** \_\_\_\_\_    **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**Nature of Injury:** \_\_\_\_\_

**Participant Refused Treatment?**      **Yes**     **No**

**Emergency First Aid Rendered?**      **Yes**     **No**     **By Whom?** \_\_\_\_\_

**Nature of Treatment:** \_\_\_\_\_

**Ambulance or Physician Called?**      **Yes**     **No**     **By Whom?** \_\_\_\_\_

**Injured Party Transported to:** \_\_\_\_\_    **By Whom?** \_\_\_\_\_

**Outside Authority Notified?** \_\_\_\_\_

**Activity Waiver Signed?**      **Yes**     **No**

**Helmet (bike)/life jacket (kayak) worn?**      **Yes**     **No**

**Identify other safety equipment used:** \_\_\_\_\_

**Was bike transported?**      **Yes**     **No**     **By Whom?** \_\_\_\_\_

**Weather conditions:** \_\_\_\_\_

**1. Description of Incident (identify any bicycles, vehicles, etc., involved (include license #s where applicable):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Continue on back)

**2. Injured Party's Statement of How Incident Occurred (in own words):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Continue on back)

**3. Witnesses: (name, address, phone, license #)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Continue on back)

\_\_\_\_\_  
**Date of Report**

\_\_\_\_\_  
**Signature of person completing the report**

**Witnesses should complete Witness Statement Forms. Activity leaders submit Incident and Witness Reports to OHGLA Board (Club Secretary) and retain copy with Signed Waivers.**

**ON THE HILL GANG LOS ANGELES  
INCIDENT REPORT - WITNESS STATEMENT**

**ACTIVITY:**      **HIKING**     **BIKING**     **KAYAKING**     **OTHER**

**ACTIVITY LEADER:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_      **Time of Incident:** \_\_\_\_\_ **AM/PM**

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_      **Phone:** \_\_\_\_\_

**1. Please describe what happened and what you observed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on back)

**2. Identify people involved (name, address, phone #):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Identify bicycles, cars or other vehicles involved (license #s if applicable):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Describe any safety equipment used by injured party (helmet, vest, etc.):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. Identify any other witnesses (name, address, phone):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Date of Report**

\_\_\_\_\_  
**Signature of person completing the report**

**Submit completed form to Activity Leader.**