



CATAMOUNT TRAIL - DAY TOUR LEADER GUIDE

NORTH AMERICA'S LONGEST BACKCOUNTRY SKI TRAIL

Catamount Trail Association - Tour Incident Report Form

Trail Section/Tour Name _____

Injured Person's Name _____

Name Of Parent/Guardian if a Minor _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

DOB _____ Gender _____ Date Of Incident _____ Time Of Incident _____

Transportation From Accident
(name of ambulance service, or
mode of transport if other than ambulance) _____

Description Of Incident or Illness: _____



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Description Of First Aid or Other Action Taken (attach SOAP note if available) _____

REPORT PREPARED BY

Name _____

Title _____

Phone _____ Email _____

Additional Info That Might Be Helpful _____
