




# Michigan Mountain Bike Association – National Mountain Bike Patrol

## TRAIL INCIDENT REPORT

|                                  |               |                                |                        |
|----------------------------------|---------------|--------------------------------|------------------------|
| Name of Patroller Making Report: | Park Location | Date & Time of Incident<br>/ / | Incident Report Number |
| Incident Trail Name/Location     |               | Temperature                    | Weather Condition      |

| #1 Witness or Person Involved |            |    |                    | #2 Witness or Person Involved |            |    |                    |
|-------------------------------|------------|----|--------------------|-------------------------------|------------|----|--------------------|
| Last Name                     | First Name | MI | Date of Birth      | Last Name                     | First Name | MI | Date of Birth      |
| Address                       |            |    | Telephone #<br>( ) | Address                       |            |    | Telephone #<br>( ) |
| City                          |            |    | State ZIP          | City                          |            |    | State ZIP          |
| #3 Witness or Person Involved |            |    |                    | #4 Witness or Person Involved |            |    |                    |
| Last Name                     | First Name | MI | Date of Birth      | Last Name                     | First Name | MI | Date of Birth      |
| Address                       |            |    | Telephone #<br>( ) | Address                       |            |    | Telephone #<br>( ) |
| City                          |            |    | State ZIP          | City                          |            |    | State ZIP          |

| Patroller Incident Response  | Incident Diagram (if required)  |
|--|---|
| <input type="checkbox"/> Information:<br><input type="checkbox"/> Vandalism/Trail Management Instructions:<br><input type="checkbox"/> Safety (Helmet):<br><input type="checkbox"/> Mechanical Repair Instructions:<br><input type="checkbox"/> Missing/Lost Person:<br><input type="checkbox"/> Public Injury:<br><input type="checkbox"/> First-Aid:<br><u>Incident Details:</u><br><br> | Indicate North by Arrow:  |

| Samaritan Assistance                      | Emergency Medical Services (EMS) System Response   |
|---|--|
| Describe Action Taken by Those Assisting: | <input type="checkbox"/> Public Land Managers/Security:<br><input type="checkbox"/> Law Enforcement Agency:<br><input type="checkbox"/> Fire Department:<br><input type="checkbox"/> Ambulance/EMT:<br><input type="checkbox"/> Other: |





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## Incident Details – Patroller Description of What Happened

Enter Details Here:

Patroller Signature

Date

/ /

## Witness Statement

Signature of Person Making Statement

Date

/ /

Witness Signature

Date

/ /

