

WCCFC - MISSING PERSON	
REPORTING INFORMATION	
Reported by:	
Date of report:	Time of report:
Form completed by:	
PERSONAL INFORMATION	
Name of missing person:	
Club Member Day-Fee User Employee - Circle One	
Location last seen:	
Time last seen:	Gender:
Age:	Cell #:
Skiing Ability:	Fitness level:
Describe clothing:	
Planned route:	
Favourite route:	
CONTACT INFORMATION	
Parent or Contact Names:	
Phone Numbers:	
SEARCH INFORMATION	
Search Leader:	
Primary Search Completed?	Yes No
Start:	Finish:
Secondary Search Completed?	Yes No
Start:	Finish:
Snow Machine Search Completed?	Yes No
Start:	Finish:
Was 911 called? Yes No	Time of Call:
Time of emergency personnel arrival:	

WCCFC - INJURED PERSON	
PATIENT & INCIDENT INFORMATION	
Name of Injured:	
Phone Number:	
Club Member Day-Fee User Employee - Circle One	
Date of Injury:	Time of Injury:
Reporting Date:	Time of Reporting:
Weather Conditions:	
Trail Conditions:	
First Aid Rep. Name:	
Witness Name:	
DESCRIPTION OF INJURY/TREATMENT	
Describe the Injury:	
How did the injury occur?	
On what trail did the injury occur? Mark on Trail Map & Attach.	
What first aid treatment was given?	
NOTIFICATION	
Was 911 called?	Time of Call:
Time of emergency personnel arrival:	
Was a Snow Machine Operator called?	Yes No
Time of Snow Machine Operator arrival?	
Was the Patient sent home?	Yes No
Was the Patient transported to hospital?	Yes No
Mode of transportation:	
Parent Notified:	
Form completed by:	