



ACA Incident Report Form

Report title:	(Location Name – Witness name/Injured person name – Date)
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Name	
Age	
Group Size	
ACA Level (circle one)	Aspirant / Canyon Leader 1 / Canyon Leader 2 / Pro Guide / Fixed Site Guide

Date of incident	
Report date	
Location of incident: Canyon Name, Rating, GPS Coordinates	
Weather Conditions (Circle one)	Calm / Windy / Dry / Cloudy / Light Rain / Heavy Rain / Thunder / Snow / Other

Type of incident	Injury	Close Call	Epic	Bivy	Lost	Other

In case of injury:	Yes	No
Are you the injured person?		
Are you a witness?		

Was SAR involved?	Yes	No
Hospital/EMS visit?		

Describe the events leading to the incident:
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Describe how the incident occurred:

How a re-occurrence may be prevented?

Add a page with any additional comments:

Thank you for taking the time to share your experience with the ACA. The incident report is not to be considered a comprehensive accident report. The information being gathered will be used in an effort educate others to further the ACA's mission of fostering safe canyoneering practices.