

CPA Incident Reporting Procedure



1. Any incident involving a serious injury should be reported to the Coordinator coordinator@cpakayaker.com and Treasurer treasurer@cpakayakeer.com as soon as possible.
2. The primary event or trip leader shall be the person responsible for documenting the incident and filling out the Incident Report. If that person is unable to do this, for instance they are the injured party, that task shall be carried out by a co-leader or organizer, followed by a volunteer chosen by the participants.
3. This person shall choose witnesses, preferably two or more, to fill out witness statements using the included form. Witnesses should be directed to report, in chronological order, only what they personally saw or heard. They should not include what they heard from other people or speculate on how the incident could have been prevented or other aspects of the incident.
4. If first aid was administered on site, who rendered aid, what they did, and their contact information should be recorded. **Note that in most states people rendering first aid and acting in good faith have broad protections under the law.**
5. If the person injured was transported to a medical facility, that facility should be noted. If transported by ambulance, the company should be noted, and if another person transported them their name and contact information should be noted. If the injured person drove themselves, that should be noted also.
6. If the police, Coast Guard, or other agency was involved, that should be noted as well as the specific agency and any official report numbers, if available.
7. If possible or relevant, photos should be taken of the site of the incident. A view of the site can also be included. This can be accomplished by using Google Earth or mapping software and saved as a JPEG.
8. The original signed CPA waiver of the injured party should be saved as well as any other relevant documents.
9. All original documents, pictures, and scans shall be delivered to the Coordinator as soon as possible and kept on file for at least three years.
10. Electronic versions of all documents shall be provided to the Treasurer, as soon as possible, for transmission to the insurance agency, even if no claim is filed.
11. It is suggested that the event or trip leader also keep a copy of all relevant documents.
12. Release of any documents containing personal information shall be restricted to the CPA officers and the trip or event leaders unless determined otherwise by the CPA officers or required by law.

INCIDENT REPORT

Please complete report immediately and forward after an incident has occurred.

OPERATOR			Date of Incident Day/Month/Year
	Company Name: Chesapeake Paddlers Association, Inc.		
	Activity	Business	
	Address P.O. Box 341 Greenbelt, MD 20768-0341	Mobile	
		Fax	
		Email Steering_committee@cpakayaker.com	
Person completing report	Date report completed Day/Month/Year		

INJURED PARTY	Name			Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Address			Business	
				Mobile	
	Date of Birth	Day/Month/Year	Age	Residence	

INCIDENT	Objective description of incident		
	Attach additional page if needed		

INJURY FIRST AID	Injury, Signs and Symptoms	Treatment

WITNESS	Name	Business
	Address	Residence
		Mobile

WITNESS	Name	Business
	Address	Residence
		Mobile

INCIDENT INVESTIGATION	<input type="checkbox"/> Witness statements	IMMEDIATELY TELEPHONE, FAX OR EMAIL THIS REPORT TO: steering_committee@cpakayaker.com
	<input type="checkbox"/> Photographs of incident site	
	<input type="checkbox"/> Diagram of incident site	
	<input type="checkbox"/> Notify police—Serious injury or fatality	
	<input type="checkbox"/> Ambulance summoned	
	<input type="checkbox"/> Attach Waiver	
	Lesson/Rental agreement	
	Police Report #	
	Police Department Address	

CPA Incident Supplementary Information Form



Was first aid rendered on site? Y/N If yes, person(s) and contact information:

Name	Address	
Business phone	Residence phone	Mobile phone
Email		

Name	Address	
Business phone	Residence phone	Mobile phone
Email		

Note treatment provided on primary Incident Report form.

Was person transported to a medical facility? Y/N If yes, by Ambulance/ Individual/ Self

Ambulance Company		
Individual Name	Individual Address	
Individual Residence Phone	Individual Mobile Phone	Individual email
Medical Facility		
Were Police, Coast Guard or other agencies involved?	Authority name	
Official Report Numbers (if available)		

Use additional pages if necessary.

Person filling out report:

Name	Signature
Date	

Witness Incident Statement Form



Witness Name	Date of Incident Day/Month/Year	Time of Incident hr/min/am or pm
Witness Address		
Witness Business Number	Witness Residence Number	Witness Mobile Number
Witness email		
Event	Location of Incident	Organizer/Instructor/Volunteer/Participant/Other (Circle one, if Other, describe)

Report, in chronological order, only what you personally saw or heard. Do not include what you heard from other people or speculate on how the incident could have been prevented or other aspects of the incident. Be specific with names of people involved, and times as precise as you can be.

STATEMENT (Attach other page if required)

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The information I have provided in this report is true and correct to the best of my knowledge. The information report contains everything I can recall.

Date	Witness Signature
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