



**American Avalanche Association
Forest Service National Avalanche Center
Avalanche Accident Report: Long Form**



Please send to:
Colorado Avalanche Information Center
325 Broadway WS1
Boulder, CO 80305

voice: (303) 499-9650, fax: (303) 499-9618 fax, email: caic@qwestoffice.net, web: www.colorado.gov/avalanche

Occurrence Date: _____ **Time:** _____

Report Author(s):

Name: _____ Affiliation _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Location:

State: _____ County: _____ Region: _____ Forest: _____

Geographic Area (mountain range, mountain pass, drainage, or feature): _____

Site Name: _____

Lat/Lon or UTM: _____ Elevation: above treeline near treeline below treeline

Datum: _____

Summary	Caught	Partially Buried Not-critical	Partially Buried Critical	Completely Buried	Injured	Killed	Vehicles Damaged	Structures Damaged
Number								

Weather Fill in the weather chart of the five days prior to the accident. Use 24 hr averages or trends for wind speed and direction.

Weather station(s): Location _____ Lat/Lon or UTM: _____ Elevation: _____ m / ft

Date						Day of Accident
Tmax						
Tmin						
HN24						
HN24W						
Wind Speed						
Wind Dir						

Avalanche Conditions Attach most recent avalanche advisory

Closest Avalanche Center: _____	Avalanche Danger Rating <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Considerable <input type="checkbox"/> High <input type="checkbox"/> Extreme	Recent Avalanche Activity
<input type="checkbox"/> accident outside of forecast area		
Avalanche warning in effect? <input type="checkbox"/> yes <input type="checkbox"/> no		

Snowpack Describe the state of the snowpack. Include season history, snow profiles, and prominent features as necessary.

Section I: Group Information	
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Fill in the following tables. Some of the fields can be checked yes or left blank. Attach additional pages and reports from other agencies as necessary.

Subject	Name	Age	Gender	Address	Phone
1					
2					
3					
4					
5					

Skill Level	Activity	Years at Activity	Rank skill level as novice, intermediate, advanced, or expert.		Years Traveling in Avalanche Terrain	Avalanche Education Level
			Activity Skill Level	Accessed Local Avalanche Advisory		
1						
2						
3						
4						
5						

Rescue Equipment Carried	Transceiver Make and Model	Shovel	Probe Pole	Releasable Bindings	Other	Snowmobile: Rescue Equipment Carried on Person
1						
2						
3						
4						
5						

Injuries or Cause of Death	Unknown	None	First-Aid Necessary	Doctor's Care Needed	Hospital Stay Required	Asphyxia	Head Injury	Chest Injuries	Spinal Injury	Hypothermia	Skeletal Fracture	Other	Fatal
1													
2													
3													
4													
5													

Comments	
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Section II: Avalanche Path and Event Information

Fill in the following tables. Some of the fields can be checked yes or left blank. Attach additional pages, fracture line profiles, and reports as necessary.

Avalanche Characteristics

Type: _____ Trigger: _____ Size: R1 R2 R3 R4 R5 / D1 D2 D3 D4 D5
 Sliding Surface (check one): Within new snow New/old interface Old snow layer Ground Avalanche stepped down into old snow layers.
 Distance from trigger to crown face: _____ m ft

Comments:

Dimensions <input type="checkbox"/> m <input type="checkbox"/> ft				Snow	Hardness	Grain Type	Grain Size	Thickness
Average	Maximum	Measured		Slab				
Height of Crown Face				Weak Layer				
Width				Bed Surface				
Vertical fall								

Start Zone

Elevation: _____ m / ft
 Average Slope Angle (°) : _____
 Maximum Slope Angle (°) : _____
 Aspect: _____
 Vegetation: _____

Ground Cover
 Smooth
 Rocky
 Glacier
 Dense Forest
 Open Forest
 Brush
 Grass
 Unknown

Location of Crown Face
 Ridge
 Cornice
 Mid-slope
 Convex Roll
 Concave Slope
 Rocks
 Unknown

Snow Moisture
 Dry
 Moist
 Wet

Track

Open Slope Average Slope Angle (°): _____
 Confined Aspect: _____
 Gully

Snow Moisture
 Dry Moist Wet

Runout

Elevation: _____ m / ft
 Average Incline (°) : _____
 Aspect: _____
 Vegetation: _____

Ground Cover
 Smooth
 Rocky
 Glacier
 Dense Forest
 Open Forest
 Brush
 Grass
 Unknown

Snow Moisture
 Dry
 Moist
 Wet

Debris Type (check all that apply)
 Fine
 Blocks
 Hard
 Soft
 Rocks
 Trees

α_i (°) : _____
 α_e (°) : _____
 Debris Density: _____ kg/m³
 Terrain Trap: no yes
 Terrain Trap Type: _____

Comments

Section III: Accident Description

Fill in the following sections with available information. Attach additional pages, statements, witness accounts, and other reports as necessary.

Events Leading Up to the Avalanche

Include objectives of party, departure point, route taken, familiarity with area, and encounters with other groups, location of party at time of avalanche, etc.

Location of group in relation to start zone at the time of avalanche release: high middle low below all unknown
Slope angle at approximate trigger site: _____°

Avalanche Danger Evaluation

Number of snowpit observations : _____

Stability Tests Performed:

Test Results

Signs of Instability Observed:

- none unknown
- some cracking shooting cracks
- whumphing hollow sounds
- recent avalanche activity

- yes
- no
- unknown

Location of observations: _____

Comments

Witnesses	Name	Address	Phone
1			
2			

Accident Diagram

On a separate page or on a photograph, draw a diagram of the accident scene. Include avalanche boundaries, prominent rock and/or trees, the location of all party members before the avalanche, and the location of people, machines and equipment after the avalanche.

Section IV: Rescue

Fill in the following sections with available information. Attach additional pages, statements, witness accounts, and other reports as necessary.

Rescue Chronology						
First Report	Response					
Reporting Party:	Agency	Time Dispatched	Time on Scene	Method of Travel	Number of Rescuers	Equipment

Report Method:						

Time Reported: _____						

Recovery		For Body Position use: Prone/Face Down, Supine/On Back, On Side, Sitting, Standing For Head Position use: Up Hill, Down Hill, Sideways							
Subject	Caught	Partially Buried - Non-critical	Partially Buried - Critical	Completely Buried	Depth to Face □m □ft	Time Recovered	Length of Burial	Body Position	Head Position
1									
2									
3									
4									
5									

Recovery Method			For a transceiver recovery, include make and model of transceiver used by searcher. If an object on the surface was used as a clue, list the object.							
Subject	Self Rescue	Companion	Organized	Voice	Object	Transceiver	Spot Probe	Probe Line	Rescue Dog	Digging
1										
2										
3										
4										
5										

Rescue Description	List pertinent events that occurred during the rescue. Include additional pages of dispatch notes, statements, and agency reports as needed.

Section V: Damage

Fill in the following sections with available information. Attach additional pages, statements, witness accounts, and other reports as necessary.

Vehicles in Avalanche		Fill in the table below. Describe and/or estimate the cost of the damage to each vehicle caught in the avalanche.		
Type	Partially Buried	Completely Buried	Damage	Replacement Cost

Structures Damaged		Fill in the table below. Describe and/or estimate the cost of the damage to each structure affected by the avalanche.		
Type	Construction Type	Damage	Destroyed	Replacement Cost

Total Loss Estimate the cost of the damage caused by the avalanche. \$ _____

Rescue Cost Estimate the cost of rescue. \$ _____

Economic Effects List economic effects not included in the above tables (road closed, ski area closed, mine closed, change in policy, etc.)

Additional Comments and Recommendations