



American Avalanche Association Forest Service National Avalanche Center Avalanche Incident Report: Short Form



Occurrence Date:(YYYYMMDD) _____ Time:(HHMM) _____

Reporting Party Name and Address: _____

Avalanche Characteristics:

Type: _____ Aspect: _____
 Trigger _____ Slope Angle: _____
 Size: R /D _____ Elevation: _____ m / ft
 Sliding Surface (check one):
 In new New/old In old Ground

Location:

State: _____ County: _____ Forest: _____
 Peak, Mtn Pass, or Drainage: _____
 Site Name: _____
 Lat/Lon or UTM: _____
 Datum: _____

Group	Number of People					Dimensions <input type="checkbox"/> m <input type="checkbox"/> ft	Average	Maximum	
Caught						Height of Crown Face			
Partially Buried— Not-critical		Time Recovered	Duration of Burial	Depth to Face <input type="checkbox"/> m <input type="checkbox"/> ft		Width of Fracture			
						Vertical fall			
Partially Buried— Critical						Snow	Hardness	Grain Type	Grain Size
						Slab			
Completely Buried						Weak Layer			
						Bed Surface			
Number of people injured: _____		Number of people killed: _____		Thickness of weak layer: _____ mm / cm / in					

Burial involved a terrain trap? no yes→type: _____ Number of people that crossed start zone before the avalanche: _____
 Location of group in relation to start zone during avalanche: high middle low below all unknown Avalanche occurred during: ascent descent

Subject	Name	Age	Gender	Address	Phone	Activity
1						
2						
3						
4						
5						

Equipment Carried	Experience at Activity	Avalanche Training	Signs of Instability Noted by Group	Injuries Sustained	Extent of Injuries or Cause of Death
1 2 3 4 5 <input type="checkbox"/> transceiver <input type="checkbox"/> shovel <input type="checkbox"/> probe pole <input type="checkbox"/> _____ <input type="checkbox"/> _____	1 2 3 4 5 <input type="checkbox"/> unknown <input type="checkbox"/> novice <input type="checkbox"/> intermediate <input type="checkbox"/> advanced <input type="checkbox"/> expert	1 2 3 4 5 <input type="checkbox"/> unknown <input type="checkbox"/> none <input type="checkbox"/> some <input type="checkbox"/> advanced <input type="checkbox"/> expert	<input type="checkbox"/> unknown <input type="checkbox"/> none <input type="checkbox"/> recent avalanches <input type="checkbox"/> shooting cracks <input type="checkbox"/> collapse or whumphing <input type="checkbox"/> low test scores	1 2 3 4 5 <input type="checkbox"/> none <input type="checkbox"/> first aid <input type="checkbox"/> doctor's care <input type="checkbox"/> hospital stay <input type="checkbox"/> fatal	1 2 3 4 5 <input type="checkbox"/> asphyxiation <input type="checkbox"/> head trauma <input type="checkbox"/> spinal injury <input type="checkbox"/> chest trauma <input type="checkbox"/> skeletal fractures <input type="checkbox"/> _____

Damage | Number of Vehicles Caught: _____ | Number of Structures Damaged: _____ | Estimated \$ Loss: _____

Accident Summary | Include: events leading to accident, group's familiarity with location, objectives, route, hazard evaluation, etc.

Rescue Summary | Include: description of initial search, report of accident, organized rescue etc.

Rescue Method:
 1 2 3 4 5
 self rescue
 transceiver
 spot probe
 probe line
 rescue dog
 voice
 object
 digging
 other _____

Attach additional pages as needed. Include: weather history, snow profiles, reports from other agencies, diagram of site, and any other supporting information.

**Please send to: CAIC; 325 Broadway WS1; Boulder, CO 80305; caic@qwestoffic.net
 Voice:(303) 499-9650 Fax (303) 499-9618 www.colorado.gov/avalanche**