



# 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"/> <input type="checkbox"/> m <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> m <input type="checkbox"/> <input type="checkbox"/> ft	Width of Fracture			
					Vertical fall			
Partially Buried— Critical					<b>Snow</b>	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

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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> transceiver <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> shovel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> probe pole trauma <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> novice <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> intermediate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> advanced	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> none <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> some <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> advanced	<input type="checkbox"/> unknown <input type="checkbox"/> none <input type="checkbox"/> recent avalanches <input type="checkbox"/> shooting cracks <input type="checkbox"/> collapse or whumphing	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> none <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> first aid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hospital stay	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> asphyxiation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> head trauma <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> spinal injury <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> doctor's care <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> chest <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> skeletal fractures

**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.

<b>Rescue Summary</b>	Include: description of initial search, report of accident, organized rescue etc.	<b>Rescue Method:</b> 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> self rescue <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> transceiver <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> spot probe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> probe line <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> rescue dog <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> voice <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> object <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> digging <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other _____
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**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@state.co.us**  
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