



# 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
					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**