



**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, email: caic@state.co.us, 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 Low Moderate Considerable High Extreme	Recent Avalanche Activity
accident outside of forecast area		
Avalanche warning in effect? yes 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 □ m □ ft	Average	Maximum	Measured	Snow	Hardness	Grain Type	Grain Size	Thickness
	Height of Crown Face				Slab			
Width				Weak Layer				
Vertical fall				Bed Surface				

Start Zone	Ground Cover	Location of Crown Face	Snow Moisture
Elevation: _____ m / ft	Smooth	Ridge	Dry
Average Slope Angle (°) : _____	Rocky	Cornice	Moist
Maximum Slope Angle (°) : _____	Glacier	Mid-slope	Wet
Aspect: _____	Dense Forest	Convex Roll	
	Open Forest	Concave Slope	
	Brush	Rocks	
	Grass	Unknown	
	Unknown		
Vegetation: _____			

Track	Average Slope Angle (°): _____	Snow Moisture
Open Slope		Dry Moist Wet
Confined	Aspect: _____	
Gully		

Runout	Ground Cover	Snow Moisture	Debris Type <small>(check all that apply)</small>	α_i (°) : _____
Elevation: _____ m / ft	Smooth	Dry	Fine	□ α_c (°) : _____
Average Incline (°) : _____	Rocky	Moist	Blocks	Debris Density: _____ kg/m ³
Aspect: _____	Glacier	Wet	Hard	Terrain Trap: no yes
	Dense Forest		Soft	Terrain Trap Type: _____
	Open Forest		Rocks	
	Brush		Trees	
	Grass		_____	
	Unknown		_____	
Vegetation: _____				

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