# CWA - INTERNAL INCIDENT REPORT

*This report is internal and confidential. Do not give out to the public or injured party. We recommend following up with the injured party within 24-48 hours following the injury. We also recommend taking photos of the padding, the surroundings of where the injury occurred, and of the equipment. Remove and preserve the equipment (if applicable).*

Name of Gym: _____ Location of Gym(if applicable):_____
Name & Position of Employee Reporting: _____
Cell Phone # for Employee: _____ **Date of Incident**: _____
Injured Person's Name: _____ D.O.B _____ Age: _____ Sex:☐ M ☐ F
Is the injured party: ☐ Member, ☐ Non-Member (guest), ☐ Staff, ☐ Other_____
Activity: ☐ Bouldering, ☐ Top Rope, ☐ Lead, ☐ Auto Belay, ☐ Other _____
Experience: ☐ **First Timer** ☐ **Beginner** (< 1 yr) ☐ **Moderate** (1-3 yrs) ☐ **Experienced** (> 3 yrs)
Height of Fall (From Last foothold): _____ Describe Padding: _____
Were Crash pads involved? If so, describe them: _____
Was this a Climbing Team Event? ☐ Yes ☐ No
Specific Belay Device Used, if applicable (ATC, Gri Gri, Gri Gri +, etc.): _____
Belayer's Name: _____ Age: _____ Sex: ☐ M ☐ F
Belayer's Contact info: _____ Experience Level:_____
Was injury due to Belayer Error? ☐ Yes ☐ No
Did climber forget to clip in? ☐ Yes ☐ No Did climber clip in incorrectly? ☐ Yes ☐ No
Were any members of Staff directly involved in the incident? ☐ Yes ☐ No
If yes, please explain: _____

**Was 911 called?** ☐ Yes ☐ No **CPR administered?** ☐ Yes ☐ No **First Aid given?** ☐ Yes ☐ No
Who Responded (EMS, Staff, other climbers, etc): _____
How did the injured party leave: ☐ Alone ☐ with Family/Friends ☐ with Paramedics
**Injury Sustained** *(Be specific about which area(s) of the body was injured)*: _____
_____
**Full Description of Incident:** _____
_____
_____
_____ *Attach a longer description if necessary*

**Quick Checklist:**

- Waiver Collected: ☐ If no, please advise why: _____
- Video of Incident: ☐ Preserved on external drive *Check here if you do not have video* ☐
- Is there video of the injured party climbing prior to incident? ☐ Yes ☐ No
- Applicable Orientation Completed & Documented: ☐ Yes *(Please provide)* ☐ No
- Witness Statements Contact Information collected: ☐ Yes ☐ No
- Witness Info: Name_____ Phone_____
- **Is this report being submitted as "Info Only" / "Record Only" ☐ Yes ☐ No**
  - *Skip next two questions if "YES"*
- **Has the injured person asked about insurance, medical bills, etc.? ☐ Yes ☐ No**
- **Has an Attorney Letter of Representation or Lawsuit been received ☐ Yes ☐ No**

Reporter's Signature: _____ Date: _____

Please send report to claims@monumentsports.com
Office: 866-674-1234 / Direct: 804-441-7408/ Fax: 866-352-1401