



APPALACHIAN TRAIL CONSERVANCY INCIDENT REPORT FORM

In an emergency on the Appalachian Trail, call 911 or local emergency number.
Report the emergency and ask the dispatcher to call the National Park Service Communications Center at 1-866-677-6677 (24 hours), which will notify the NPS A.T. Park Office (NPS-APPA). Report all incidents or suspicious activities that occur on the Appalachian Trail to local rangers or law-enforcement officers as soon as possible; then use this form to report to the Appalachian Trail Conservancy (ATC).

Report to ATC all Trail emergencies, other incidents, suspicious activities, or information on persons to be on the lookout for. This form can be completed electronically and e-mailed as an attachment, or printed, completed, and then faxed or mailed. Please use additional pages and attach maps, drawings, or additional information if needed. ATC may share this report with law-enforcement officials, land-managing agencies, and Trail clubs involved in the management of the Appalachian National Scenic Trail.

Submit incident reports

E-mail: incident@appalachiantrail.org

Fax: 304-535-2667

Mail: Incidents, Appalachian Trail Conservancy, P.O. Box 807, Harpers Ferry, WV 25425

Date reported to ATC: Reported by: "Trail name" if any:

Best telephone number to contact or leave a message:
Best time of day to call:
Mailing Address:
E-mail:

Type of incident (please check as many as apply; may fit more than one category):		
Follow-up to Emergency	Other Criminal/Suspicious Activity	Natural Resource Concern
<input type="checkbox"/> Crime—describe:	<input type="checkbox"/> Theft of personal property	<input type="checkbox"/> Dumping
<input type="checkbox"/> Fire	<input type="checkbox"/> Car break-in/vandalism	<input type="checkbox"/> ATV/ORV use
<input type="checkbox"/> Search/rescue/medical emergency	<input type="checkbox"/> Disorderly/suspicious behavior	<input type="checkbox"/> Resource damage
<input type="checkbox"/> Other:	<input type="checkbox"/> Drug/alcohol abuse	<input type="checkbox"/> Aggressive animal
	<input type="checkbox"/> Squatter/shelter misuse	<input type="checkbox"/> Other:
	<input type="checkbox"/> Other:	

Date/time of incident:
Location (be as specific as possible; Provide Data Book or A.T. guidebook page, A.T. map number, name of nearest town, road, or shelter; GPS coordinates, or NPS segment/tract number, if known):
Who was involved? (provide names and Trail names if known):
Provide name, Trail name, and contact information for anyone who may be able to provide additional information:
Describe what happened (use additional sheet if needed):

Has this incident been resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was incident reported to law enforcement, fire, or search/rescue agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of lead agency:	
Name of agency contact:	Telephone:
Other agencies reported to or involved in investigation (include contact names and telephone numbers):	

Please complete this section if there is a request to locate or be on the lookout for someone.		
<input type="checkbox"/> Emergency notification	<input type="checkbox"/> Person of concern	
<input type="checkbox"/> Missing or overdue person	<input type="checkbox"/> Other (describe):	
Information/Description		
<input type="checkbox"/> Experienced hiker	<input type="checkbox"/> Inexperienced hiker	<input type="checkbox"/> No hiking experience
Name:		
Trail name:		
Home address:		
Race:	Sex:	
Age:	Hair color:	
Height:	Weight:	
Identifying features (birthmarks, scars, physical attributes, facial hair, tattoos, jewelry, glasses):		
Backpacking gear description:		
Other equipment (camera, luggage, etc.):		
Description of clothing (type and color):		
Known or possible health problems (physical/mental/emotional):		
Personality habits:		
Vehicle (make, model, color, state registration and number, bumper stickers):		

Itinerary		
<input type="checkbox"/> Thru-hiker	<input type="checkbox"/> Long-distance hiker	<input type="checkbox"/> Day hiker
Starting point:	Intended destination:	
Direction of travel:	Miles per day:	
Last seen (date and place):		

In company of
Names/Trail names:
Description (please provide same information as above on separate sheet)

(For ATC use)

Report completed by (name, affiliation, e-mail, telephone):

Report distributed to (list names):

ATC Headquarters

ATC Regional Office: NERO

MARO

VARO

SORO

Appalachian Trail Club and contact:

NPS ATPO: Chief Ranger

Other ATPO:

Other (list names and affiliations):