



CDTC Incident Reporting Form

In the case of an emergency on the Continental Divide Trail, *call 911 or local emergency number*. Report the emergency and ask the dispatcher to also call the local land management agency law enforcement officers. Report all incidents or suspicious activities that occur on the Continental Divide Trail to local rangers or law enforcement officers as soon as possible; then use this form to report to and document with the Continental Divide Trail Coalition (CDTC).

Report all trail emergencies, incidents, suspicious activities, or information on persons to be on the lookout for to CDTC. 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 photos, maps, drawings, or additional information if needed. CDTC may share this report with law enforcement officials, land-managing agencies, and other entities involved in the management of the Continental Divide National Scenic Trail.

To submit incident reports:

E-mail: info@continentaldivide-trail.org

Mail: Incidents, CDTC, 710 10th St., Ste. 200, Golden, CO 80401.

Call: 303-996-2759

Contact Information of Reporting Individual:

Date: _____

Name: _____

“Trail name”, if any: _____

Best telephone number to contact or leave a message: (____) - _____

Best time of day to call: _____

Mailing Address: _____

E-mail: _____

Note: While CDTC will make every attempt to respect your privacy and will not share these reports publicly, names and contact information may be shared with law enforcement agencies to help support response to some situations, depending on the nature of the situation.

Reporting the Incident: Please document the information and/or activities CDTC or land management agencies should be aware of along the CDT.

Date/time of incident: _____

Has the incident been reported to law enforcement, fire, or search/rescue agency? Yes No

If yes, what was the response? Please provide contact names and numbers/emails of contacted officials.



Type of incident (please check as many as apply; may fit more than one category):

Is this a report of an Emergency? Yes No

If yes, please describe the emergency type: Fire Search/rescue/medical emergency?

Has the emergency been resolved? Yes No

If no: CALL 911 if you have not already initiated emergency response.

Are you reporting a crime? Yes No

What type of crime are you reporting?

Criminal/Suspicious Activity Disorderly/suspicious behavior Personal Property Theft

Drug/alcohol abuse Car break-in/vandalism Other: _____

Other type of incident:

Natural Resource Concern ATV/ORV use Dumping Resource damage

Aggressive animal (wild animal domestic animal) Other: _____

Location (be as specific as possible; provide Guthook mileage number, any point data, photos, CDT map number, name of nearest town, or road; GPS coordinates, general location/type of lands, if known):

Who is involved? (provide names and trail names if known):

Provide name, trail name, and contact information for anyone who may be able to provide additional info:

Describe what happened (use additional sheet if needed): _____

For Missing Individuals: After contacting appropriate law enforcement/search and rescue or other personnel, please complete this section if there is a request to locate or be on the lookout for someone.

How was law enforcement notified? _____

Person of concern: Family member Friend Colleague

The person is: Missing Overdue

Information/Description of missing or overdue individual/group: Experienced Inexperienced

Novice/ Beginner Individual Group

Name of individual/Group Leader: _____

Trail name: _____

Home address: _____

Phone: (____) ____ - _____



Email: _____
Expected time of contact /arrival: _____
How many hours / days late is the individual / group: _____
Social media handle(s): _____
Male Female Age: _____ Hair color: _____ Height: _____ Weight: _____
Does the hiker have a personal safety beacon or receiver: Yes No
Have you had any contact with the individual through the personal safety beacon? Yes No
If yes, have they initiated an S.O.S: Yes No
If yes, is a rescue in progress? Yes No
If yes, what is the individual's condition, status or need?

Identifying features (*birthmarks, scars, physical attributes, facial hair, tattoos, jewelry, glasses; use additional pages if needed*):

Known or possible health problems (*physical/mental/emotional*): _____

Personality habits: _____

Backcountry gear description (*pack, shoes, jackets, etc; color, type, brand etc*): _____

Description of clothing (*type and color*): _____

Vehicle (*make, model, color, state registration and number, bumper stickers*): _____

Itinerary:

Thru-hiker Long-distance hiker Dayhiker Equestrian other _____
Starting point: _____
Intended destination: _____
Direction of travel: _____
Miles per day: _____
Last seen/ had contact with (date and place): _____

In company of (*Names/Trail names*):

Description of Pets/Stock (*breed, color, sex, size*):

Any other information that may help in locating individual or group:

For CDTC Personnel

Has this incident been resolved? Yes No
 If yes, date of resolution: _____

Is this a solitary / stand-alone incident? Yes No
 Is this one of many reports of the same or similar incident? Yes No
 How many other reports of this incident or related incidents have been made? _____

Name of lead agency incident reported to: _____
 Name of agency contact reported to: _____
 Agency contact information: Phone: _____ Email: _____

Other agencies reported to or involved in investigation (include contact names, telephone numbers, emails with dates and times):

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

Report distributed to (list names):

CDTC response, if any, beyond contacting officials/ Law enforcement or other agencies:

USFS CDT Program Administrator notified: Yes No
 Local Land Manager notified: Yes No Land Manager LEO: Yes No
 Local Law enforcement notified: Yes No
 Agency Response: (include contact names, telephone numbers, emails with dates and times):

