Revised: 11/19/2018

WEST VIRGINIA DIVISION OF NATURAL RESOURCES
WHITEWATER RAFTING INJURY REPORT aka MB-3 REPORT (To be submitted within 15 days of injury)

Company: _____

Date of Injury/Accident: ___/___/___ Time of Injury/Accident: ____:____ A.M. / P.M.

Injured Person: _____ Sex: [ ] M [ ] F Age: _____

Address: _____ City: _____ State: _____ Phone: _____-_____-_____

Rafting Experience: [ ] No [ ] Yes Times: _____ Rivers: _____

Wearing Wetsuit: [ ] No [ ] Yes Helmet: [ ] No [ ] Yes PFD: [ ] No [ ] Yes Type: _____

River Segment:
[ ] Upper Gauley [ ] Upper New [ ] Cheat Canyon [ ] Shenandoah
[ ] Lower Gauley [ ] Lower New [ ] Cheat Narrows [ ] Tygart [ ] Other _____

River Location (Rapid name, etc.): _____

Weather Condition: [ ] Sunny [ ] Cloudy [ ] Light Rain [ ] Rain [ ] Thunderstorms

River Conditions: Water Level: _____ cfs Water Temperature _____°F Air Temperature: _____°F

ACCIDENT DESCRIPTION: Injury Occurred: [ ] During a Swim [ ] In a Raft/Boat [ ] On Shore [ ] During Rescue [ ] Other _____

Injured Party's Description: _____

_____ More on Page 2? [ ]

[ ] Refused First Aid Signature of Injured: _____

Witnesses: _____, _____

Trip Leader's / Guide's Description: _____

_____ More on Page 2? [ ]

Trip Leader: _____ Guide: _____

Safety Orientation by: _____

Possible Injury:
[ ] Fatality
[ ] Sprain/Strain
[ ] Contusion/Bruise
[ ] Abrasion
[ ] Hypothermia
[ ] Illness _____
[ ] Other _____
[ ] Concussion
[ ] Dislocation
[ ] Fracture
[ ] Laceration/Puncture
[ ] Heat Stroke/ Exhaustion

Injury Zone:
[ ] Left
[ ] Right
[ ] Both
[ ] Multiple
[ ] Upper Leg
[ ] Knee
[ ] Lower Leg
[ ] Ankl
[ ] Foot
[ ] Hip
[ ] Abdomen
[ ] Chest
[ ] Back
[ ] Neck
[ ] Shoulder
[ ] Arm
[ ] Wrist
[ ] Hand
[ ] Thumb
[ ] Head
[ ] Face
[ ] Eye
[ ] Nose
[ ] Mouth
[ ] Teeth
[ ] Other

Action Taken:

First Aid:
[ ] None [ ] CPR [ ] Direct Pressure [ ] Antiseptic [ ] Elevated Injury
[ ] Bandage [ ] Splint/Immobilize [ ] Ice [ ] Treated Shock [ ] Other _____
[ ] Recommended additional medical diagnosis [ ] Injured sought additional medical diagnosis
[ ] Injured intends to seek additional medical diagnosis Where _____

Evacuated: [ ] No [ ] Yes Injured Taken to: [ ] Hospital [ ] Base Camp [ ] Other _____
Admitted to Hospital: [ ] No [ ] Yes Name of Hospital _____
Evaluated by:
[ ] Hospital Medical Professional Staff
[ ] Other _____

Treatment:
[ ] Diagnosis Only [ ] Stitches [ ] Splint or Cast [ ] Medication
[ ] Surgery [ ] Oxygen [ ] Other _____

* If treatment, other than diagnosis was rendered, this form must be submitted to WVDNR within 15 days of the date of Injury *

Signature of Person Completing Form _____ Date: ___/___/___

Injured Person's Description (Continued)

Trip Leader's Description (Continued)