DATE: ____________  EMERGENCY “RUNNER” CARD  Time of Accident ____________

1. Send Runner if:  
   a) _____ Medical attention is required and/or  
   b) _____ Evacuation is required

2. Completely fill out the backside of this card prior to sending Runner for help →

3. Runner must CALL 911 or local Sheriff’s office and obtain the necessary emergency services

4. Call Friends staff – Outreach Manager or Outdoor Programs Coordinator

__________________________

In Case of EMERGENCY

Call 911

SHERIFF DEPARTMENTS

STATE OF OREGON  

<table>
<thead>
<tr>
<th>County</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hood River</td>
<td>541-386-3970</td>
</tr>
<tr>
<td>Multnomah</td>
<td>503-255-3600</td>
</tr>
<tr>
<td>Wasco</td>
<td>541-506-2580</td>
</tr>
</tbody>
</table>

STATE OF WASHINGTON

<table>
<thead>
<tr>
<th>County</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clark</td>
<td>360-397-2211</td>
</tr>
<tr>
<td>Klickitat</td>
<td>509-773-4545</td>
</tr>
<tr>
<td>Skamania county</td>
<td>509-427-9490</td>
</tr>
</tbody>
</table>

FRIENDS OF THE COLUMBIA GORGE

Kate Lindberg, Outdoor Programs Coordinator  203-644-2775 (cell)
Burt Edwards, Communications Director    703-861-8237 (cell)
*Fill out the below information before sending Runner for help*

Victim’s name: ___________________________  Victim’s Home # ___________________________
List any medical conditions of the victim that emergency personnel should be aware of:

Victim’s Emergency Contact (name/phone): _____________________________________________

Victim’s Age: ___________  Weight: ___________  Prescriptions: ___________________________
Possible Injuries _____________________________
Symptoms exhibited by Victim (heart rate, pupil dilation, clammy skin, consciousness level)

First Aid given? Explain: _____________________________________________________________

No. of Trained First Aiders on Scene: ____________, and physicians/nurses? ____________

Type of terrain where Victim is located: _____________________________________________
Distance of scene from main road or side roads: __________________________________________
Any area available for helicopter lander? (flat, open area) _____________________________
Any special equipment or manpower needed? If so, what type? ___________________________

Information for Outreach Department: Will remaining hikers be returning on time? __________

*Fill out the below information before sending Runner for help*

Victim’s name: ___________________________  Victim’s Home # ___________________________
List any medical conditions of the victim that emergency personnel should be aware of:

Victim’s Emergency Contact (name/phone): _____________________________________________

Victim’s Age: ___________  Weight: ___________  Prescriptions: ___________________________
Possible Injuries _____________________________
Symptoms exhibited by Victim (heart rate, pupil dilation, clammy skin, consciousness level)

First Aid given? Explain: _____________________________________________________________

No. of Trained First Aiders on Scene: ____________, and physicians/nurses? ____________

Type of terrain where Victim is located: _____________________________________________
Distance of scene from main road or side roads: __________________________________________
Any area available for helicopter lander? (flat, open area) _____________________________
Any special equipment or manpower needed? If so, what type? ___________________________

Information for Outreach Department: Will remaining hikers be returning on time? __________