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

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**In Case of EMERGENCY**

**Call 911**

**SHERIFF DEPARTMENTS**

**STATE OF OREGON**

- Hood River County  541-386-2711
- Multnomah County  503-823-3333
- Wasco County  541-506-2580

**STATE OF WASHINGTON**

- Clark County  360-397-2211
- Klickitat County  509-773-4545
- Skamania County  509-427-9490

**FRIENDS OF THE COLUMBIA GORGE**

Melissa Gonzalez, Outdoor Programs & Communications Specialist  239-404-9248 (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: ____________________________

When did injury occur: ____________________________

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 Friends staff: 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: ____________________________

When did injury occur: ____________________________

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 Friends staff: Will remaining hikers be returning on time? __________