MIT ALUMNI TRAVEL PROGRAM

MASS CASUALTY FORM

To be completed by MIT Host/Faculty accompanying travelers.

Please document the details of the incident, which would include cases involving many travelers, on a larger scale.

Return the completed form upon your return. Also, depending on the circumstance, this form may need to be submitted as working documentation during the crisis.

Trip:_____Date of occurance:_____

1. **Circumstance:**

_____

_____

_____

_____

2. **Location and surrounding environment:**

_____

_____

_____

3. **Name(s) and contact information for local tour director in charge and other key travel staff:**

_____

_____

_____

4. **Detail the plan for the group as directed by the tour company, including dates and times of action:**

_____

_____

_____

_____

_____

5. Detail any additional directives by local authorities, including dates and times of action:

_____

_____

_____

_____

6. Was the medical insurance carrier/medical evacuation carrier notified? Yes _____No_____ If **yes** when? Please document contact names and directives.

_____

_____

_____

7. Host's impression of the overall physical condition travelers:

_____

_____

_____

8. Host's impression of the overall attitude of the travelers:

_____

_____

_____

9. Were travelers evacuated safely from the scene?

Yes _____No_____ if yes, at what time/date? _____ When and by what means?

_____

_____

_____

_____

10. In the case of death, list those present to document the deceased's belongings:

_____

_____

11. In the case of death, provide detail on arrangements for the remains:

_____

_____

12. In the case of death, provide confirmation that you or another member of the tour staff have documentation for certificates of death and the autopsy report and provide any information:

_____

_____

13. In the case of death, please detail, to the best of your knowledge, family members and others notified of their passing:

_____

_____

Host's/Leader's Name: _____Date: _____
Please Print

Signature: _____

14. Names of affected parties: (if entire group is involved, then leave blank and attach passenger list)

Name:_____Gender: Female_____Male_____

Class year/or any other detail: _____

Name:_____Gender: Female_____Male_____

Class year/or any other detail: _____

Name:_____Gender: Female_____Male_____

Class year/or any other detail: _____

Name:_____Gender: Female_____Male_____

Class year/or any other detail: _____

Name:_____Gender: Female_____Male_____

Class year/or any other detail: _____

Name:_____Gender: Female_____Male_____

Class year/or any other detail: _____

Name:_____Gender: Female_____Male_____

Class year/or any other detail: _____

Name:_____Gender: Female_____Male_____

Class year/or any other detail: _____

Name:_____Gender: Female_____Male_____

Class year/or any other detail: _____

Please be sure to attached copies of documentation, official forms, or correspondence to this report