

Cycling Incident Report



This form should be completed by a club member at the time of an accident, injury or other incident during a club sponsored, organized and/or supervised activity.

**Submit completed form to
Cycle Stratford
Safety Officer**

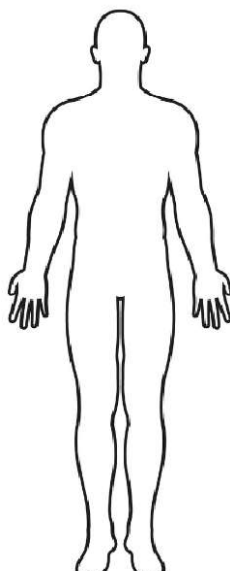
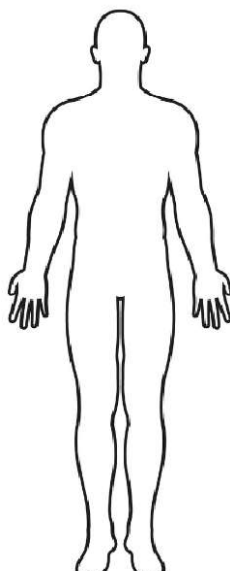
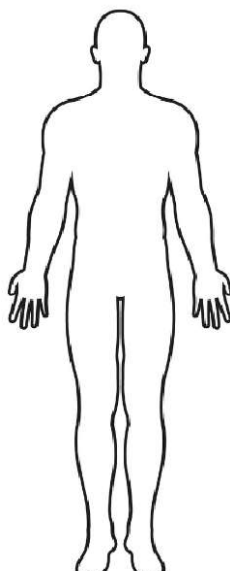
SECTION A: PERSON(S) INJURED / INVOLVED			
PRIMARY PERSON INJURED / INVOLVED			
Cyclist / Pedestrian / Motorist / Volunteer (circle)			
First Name:	Last Name:	Contact #:	
Address:	City/Prov:	Postal:	
Male/Female/Unknown	Vehicle Make/Model:	Driver's Licence (if motorist):	
SECONDARY PERSON INJURED/INVOLVED/WITNESS			
Cyclist / Pedestrian / Motorist / Volunteer / Witness (circle)			
First Name:	Last Name:	Contact #:	
Address:	City/Prov:	Postal:	
Male/Female/Unknown	Vehicle Make/Model:	Driver's Licence (if motorist):	
ADDITIONAL PERSON INJURED/INVOLVED/WITNESS			
Cyclist / Pedestrian / Motorist / Volunteer / Witness (circle)			
First Name:	Last Name:	Contact #:	
Address:	City/Prov:	Postal:	
Male/Female/Unknown	Vehicle Make/Model:	Driver's Licence (if motorist):	
SECTION B: DESCRIPTION OF INCIDENT / ACCIDENT			
Date & Time:			
Cycle Stratford ride/event (e.g. destination ride, Sunday ride):			
Type of incident/injury (circle)			
Medical Aid/Paramedic	First Aid Only	Near Miss/Incident Only	Property Damage
Location (intersection, trail name, closest landmark):			

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Who was involved (cyclist, pedestrian, vehicle):					
What happened (include cause of incident, what was cyclist doing when incident occurred):					
Environmental conditions (cycling surface, weather, lighting):					
Was there an injury? Yes / No					
Was medical attention offered? Yes / No					
Was medical attention received on site? Yes / No					
Details of injury (if applicable):	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Body Parts</td> <td style="width: 70%;">Body Parts Injured (circle):</td> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> Head Face Neck/Spine Shoulder R/L Back Chest Arm – Upper R/L Elbow R/L Arm – Lower R/L Hand R/L Abdomen Groin Leg – Upper R/L Knee R/L Calf R/L Heel R/L Ankle/Foot R/L </td> <td style="text-align: center; vertical-align: middle;">  </td> </tr> </table>	Body Parts	Body Parts Injured (circle):	<ul style="list-style-type: none"> Head Face Neck/Spine Shoulder R/L Back Chest Arm – Upper R/L Elbow R/L Arm – Lower R/L Hand R/L Abdomen Groin Leg – Upper R/L Knee R/L Calf R/L Heel R/L Ankle/Foot R/L 	
Body Parts	Body Parts Injured (circle):				
<ul style="list-style-type: none"> Head Face Neck/Spine Shoulder R/L Back Chest Arm – Upper R/L Elbow R/L Arm – Lower R/L Hand R/L Abdomen Groin Leg – Upper R/L Knee R/L Calf R/L Heel R/L Ankle/Foot R/L 					
Record time and action of medics/ambulance:					
Where was the injured party transported to?					
Record times and action of police, if attended location (include officer names/badge numbers):					

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Details of property damage (bike, property):

Any other information relevant to the incident/injury:

SECTION C: PERSON COMPLETING REPORT

First Name:

Last Name:

Contact #:

Email Address:

Relationship to Cycle Stratford:

SECTION D: SAFETY COMMITTEE USE ONLY

Notes on follow up action (who, what, dates, action, etc.):

Email the completed form to the Cycle Stratford Safety Officer programscyclestratford@gmail.com