|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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):** | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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):** | | **Body Parts**  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 Injured (circle):** |
| **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):** | | | | |
| **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*](mailto:programscyclestratford@gmail.com)