|  |
| --- |
| **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**HeadFaceNeck/SpineShoulder R/LBackChestArm – Upper R/LElbow R/LArm – Lower R/LHand R/LAbdomenGroinLeg – Upper R/LKnee R/LCalf R/LHeel R/LAnkle/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*