

# CASCADE BICYCLE CLUB INCIDENT REPORT

PO Box 15165, Seattle, WA 98115 (206)-522-3222

(Use reverse side for more space if needed)

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ AM PM

Identify Ride or Event: \_\_\_\_\_

Name of Injured Rider: \_\_\_\_\_ Bib #: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Rider's Ability Level: \_\_\_\_\_ Helmet: Yes \_\_\_\_\_ No \_\_\_\_\_ Model: \_\_\_\_\_

Identify Any Other Safety Equipment Used by Rider: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Emergency First Aid Rendered?: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by whom \_\_\_\_\_

Nature of Treatment: \_\_\_\_\_

Ambulance or Physician Called? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by whom: \_\_\_\_\_

Was Injured Rider Transported? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where and by whom: \_\_\_\_\_

Was Bike Transported? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where and by whom: \_\_\_\_\_

Identify Outside Authority Notified: \_\_\_\_\_

Description of Incident (identify any bicycles or vehicles involved (include Bib #s and license #s where applicable): \_\_\_\_\_

Injured Rider's Statement of How Incident Occurred (in rider's own words): \_\_\_\_\_

Witnesses: (Name, address, phone, bib#, license #): \_\_\_\_\_

Date of Report

Signature of person completing the report

WITNESSES SHOULD COMPLETE WITNESS STATEMENT FORM \* Please fill out a separate form for each injured rider.

