

Southwest Cycle Club Inc.

Accident Incident report form

Injured party details

Name: _____ Ride Group: _____ Club registered: _____

Rider experience: Novice 1-5 yrs 5 + yrs

Ride leader: _____ Date of report: _____

Accident/incident details

Date of incident: _____ Time: _____

Location: _____ Witness(es): _____

Road Conditions: _____

Weather conditions: _____

Reported to whom (committee member): _____

Description of incident. (Add sketch if required)

Response

First aid at site only Ambulance called Visit to Dr/Outpatient

Rider's Emergency contact called By whom: _____

Other parties involved

Rider only Clash with other rider(s) Collision or near miss with vehicle

Damage to vehicles/buildings/equipment etc

What was damaged?

Extent of damage:

Nature of Injury

Abrasions Sprain/strain Dislocation Fracture

Concussion Laceration/open wound

Location of injury

Head/face eye hand/fingers shoulder/arms

Hip/leg foot/toes back trunk

Contributing factors

- 1.
- 2.

Corrective actions

Immediate actions taken

- 1.
- 2.

Controls needed to be put in place to prevent incident from happening again

- 1.
- 2.

Recommendations for action

- 1.
- 2.

Actions required and by when (to be completed by nominated committee members)

- 1.
- 2.

3.

Committee sign off signatories

President:

Ride Leader co-ordinator:

Report close out (AI Co-ordinator)

All Actions completed:

Date:

Acknowledged by:

Report filed:

Date:

By:

Other comments as appropriate

1.

2.