



Promoting **safe and healthy** cycling  
*Established 1980*

## Injury/Incident Report

Please forward to \*\*\*\*\* with all attachments.

Injury/Incident Type: (check one box only)	Description:
<b>MEDICAL AID</b>	Services provided by a health care practitioner.
<b>FIRST AID ONLY</b>	A minor injury and the only treatment provided was first aid on site.
<b>NEAR MISS/INCIDENT ONLY</b>	An incident but no injury.
<b>PROPERTY DAMAGE</b>	An incident that only results in property damage (vehicle, property).

A. Personal Information	
Last Name	First Name

B. Injury/Incident Date and Details	
1. Date and hour of incident dd      mm      yy :      : <input type="checkbox"/> AM <input type="checkbox"/> PM	2. Who was the incident/injury reported to: Name: _____ Police Badge ID's: _____
23. Type of incident/injury: (check all that apply) <input type="checkbox"/> Struck <input type="checkbox"/> Fall <input type="checkbox"/> Motor Vehicle Incident <input type="checkbox"/> Overexertion <input type="checkbox"/> Property Damage <input type="checkbox"/> Other	
4. Describe what happened to cause the incident/injury:	
5. Describe the environmental condition at the time of the incident/injury:	
6. Describe the nature of the incident/injury:	
7. Describe what first aid/ treatment was administered (if any)	
8. Location where incident/injury happened with address (if available)	
9. Witnesses or others involved in this incident/injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide: Name: _____ Contact Information: _____



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10. Any further details?  Yes  No If yes, please ensure concerns are documented and attached to this form.

### C. Health Care

1. Was external health care provided?  Yes  No

2. Where was treatment provided? (Check all that apply)

Ambulance  Emergency dept.  Admitted to hospital

Other (explain):

3. Health professional or facility who provided treatment (if known):

Name

Address

Phone:

( )

### D. Vehicle/Property

1. Did any vehicle/property contribute to the incident/injury?

Yes  No

If yes, how?

Type of vehicle/property:

Comments:

### E. Environmental Conditions

Did the condition of the physical surroundings (e.g. weather, road conditions) contribute to the incident/injury?

Yes  No

If yes, explain:

### F. Follow Up

Follow-up investigation required? (to be completed by Safety Committee)

Yes  No

### Form Completed by:

Name (PRINT)

Signature

Date

1.

2.