



Niagara Freewheelers Bicycle Touring Club

Incident Report Form

Types of Incidents

- Non-reportable incident: A cyclist falls off his/her bike, gets up, has minor scrapes or bruises, requires no medical attention beyond a band aid, and continues riding.
- Reportable incident: A cyclist sustains an injury or injuries that are beyond those described in a non-reportable incident.

When to Use the Incident Report Form

- If there is a reportable incident during the ride, it is the responsibility of the Tour Leader to record the information on the Incident Report Form at the scene of the incident.

What to Do After a Reportable Incident

- Report the incident to the Safety & Education Director at safetyandeducation@thefreewheelers.com within 24 hours, if possible.
- Scan the written Incident Report Form and email it to the Safety & Education Director. If you cannot scan the document, you should mail it to the Freewheelers PO Box or give it to a member of the Executive.
- The Tour Leader should save a copy of the Incident Report Form for his/her records.

Location of Incident

Date of Incident	Time of Incident
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Tour Leader

Tour Leader's Telephone	Tour Leader's Email
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Ride Name

Name(s) of Cyclists Involved	Telephone	Email
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

Details of Incident (How did the incident happen? What caused the incident?)

Details of Injuries

Medical Attention

- EMS Called
- First Aid Administered Prior to Arrival of EMS
- Emergency Contact Notified

Outcome of Incident

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- | | | | | | |
|--------------------------|-----------------------------------|--------------------------------------|---|-----------------------------------|---------------------------------------|
| Weather | <input type="checkbox"/> Clear | <input type="checkbox"/> Rain | <input type="checkbox"/> Snow | <input type="checkbox"/> Fog/Mist | Other _____ |
| Surface Condition | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet | <input type="checkbox"/> Snow | <input type="checkbox"/> Ice | <input type="checkbox"/> Under Repair |
| Light Condition | <input type="checkbox"/> Daylight | <input type="checkbox"/> Dusk | <input type="checkbox"/> Darkness | | |
| Type of Incident | <input type="checkbox"/> Fall | <input type="checkbox"/> Car/Bicycle | <input type="checkbox"/> Pedestrian/Bicycle | Other _____ | |

Name(s) of Witnesses	Telephone	Email
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

If Police Involved, Name of Police Officer	Division/Badge Number
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If incident involves a vehicle, complete the following:

Licence number of Vehicle _____

Name of Driver of Vehicle _____

Address of Driver of Vehicle _____

Name of Owner of Vehicle _____

Address of Owner of Vehicle _____

Name of Insurance Company _____

Policy Number _____ **Date** _____