



# 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](mailto:safetyandeducation@thefreewheelers.com) and the Tour Director at [tourdirector@thefreewheelers.com](mailto:tourdirector@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
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Tour Leader's Telephone	Tour Leader's Email
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Ride Name
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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?)

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**Details of Injuries**

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**Medical Attention**

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

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**Outcome of Incident**

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**Weather**      Clear      Rain      Snow      Fog/Mist      Other \_\_\_\_\_  
**Surface Condition**   Dry      Wet      Snow      Ice      Under Repair  
**Light Condition**      Daylight      Dusk      Darkness  
**Type of Incident**      Fall      Car/Bicycle      Pedestrian/Bicycle      Other \_\_\_\_\_

<b>Name(s) of Witnesses</b>	<b>Telephone</b>	<b>Email</b>
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

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<b>If Police Involved, Name of Police Officer</b>	<b>Division/Badge Number</b>
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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** \_\_\_\_\_