

# STP / GWTA CASCADE BICYCLE CLUB INCIDENT REPORT

(use reverse side if more space needed)

Location of Incident: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ A. M. P. M.  
Name of Injured Rider \*: \_\_\_\_\_ Bib Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Helmet: \_\_\_ yes \_\_\_ no Model: \_\_\_\_\_ Riders Ability Level \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_  
Identify Any Other Safety Equipment Used by Rider: \_\_\_\_\_  
\_\_\_\_\_

Nature of Injury:

\_\_\_\_\_  
\_\_\_\_\_

Emergency First Aid Rendered? \_\_\_\_\_ By Whom? \_\_\_\_\_  
Nature of Treatment: \_\_\_\_\_  
Ambulance or Physician Called? \_\_\_\_\_ By Whom? \_\_\_\_\_  
Was Injured Rider Transported? \_\_\_\_\_ Where? \_\_\_\_\_  
Was Bicycle Transported? \_\_\_\_\_ Where? \_\_\_\_\_  
Identify Any Outside Authority Notified: \_\_\_\_\_

Description of Incident (Identify Any Bicycles or Vehicles Involved): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injured Rider's Statement of How Incident Occurred (in Rider's Own Words): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: (Name Address, Phone) (Attach additional pages if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name of Person Completing Report

WITNESS SHOULD COMPLETE "WITNESS STATEMENT" FORM

\* Please fill out a separate form for each injured rider.