

SLOBC INCIDENT REPORT

Event Name: _____ Event Date: _____

Incident Date: _____ Incident Time: _____

Injured Person

Injured Person's Role: Participant Volunteer Spectator Other _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Gender: Female Male X

Age: _____ DOB: _____

Wearing a helmet at the time of the incident: Yes No Single Day Event

Type of bike riding at the time of the incident: Bike Trike Tandem Multiple Day Event

Riding an E-Bike at the time of the incident: Yes No Waiver & Release Signed as part of Membership or Event Registration

Incident Occurred: Before Event During Event After Event

Weather Conditions:

Sunny Foggy
 Raining Extreme Temps
 Other: _____

Road Conditions:

Dry
 Wet
 Other: _____

Road Type:

Paved
 Gravel
 Other: _____

Incident Location:

Highway
 Rural Road
 City Street
 Parking Lot
 Premises/Grounds
 Registration Area
 Restroom/Portable Toilets

Activity:

Turning Right
 Turning Left
 Going Straight
 Being Passed
 Passing
 Intersection
 Stationary

Cause:

Assault
 Fall (different elevation)
 Fall (same elevation)
 Overexertion
 Equipment Failure
 Animal Involvement
 Auto/Property (please complete next page)
 Struck - object
 Collision - parked car
 Collision - moving car
 Collision - animal
 Collision - participant/participant
 Collision - participant/spectator

Injury Type:

Non-injury
 Minor injury/illness
 Major injury/illness

Body Part Injured:

Eye Hand Wrist Foot Head Mouth Torso Back Internal
 Ankle Arm Shoulder Leg Face Neck Tooth Nose Finger/Toe
 Knee Hip Elbow Ear Other: _____

Primary Injury:

Allergy/Sting Abrasion Nausea Burn Electrical Shock Dislocation Pain Amputation
 Concussion Cold Injury Tooth/Mouth Seizures Foreign Body Strain/Sprain Cardiac Stroke
 Heat Exhaustion Fracture Hypertension Drowning Laceration Death Other: _____

Disposition:

Report Only Medical Attention Transport by Ambulance Released to Parent Released from Care
 Police Report Continued Riding Hospital Self Transport Refer to Hospital/Doctor Refusal of Care

Describe how the incident occurred:

Witness Name: _____ E-mail: _____
(with no relation to claimant) Phone: _____

Person Completing the Report: _____ E-mail: _____
Phone: _____

AUTO ACCIDENT OR PROPERTY DAMAGE REPORT

If the injury or property damage was the result of an auto accident, please complete this section:

Person Driving the Auto: _____ Injured: Yes No

Driver Address: _____

Driver Phone: _____ Driver e-mail: _____

Owner of the Auto: _____

Owner Address: _____

Owner Phone: _____ Owner e-mail: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

List Name and Address of Passengers:

Passenger Name: _____ Injured: Yes No

Address: _____

Passenger Name: _____ Injured: Yes No

Address: _____

Use additional forms if you need to list more passengers.

Purpose of Trip: _____

Name of Agency Investigating Accident: _____

If the accident involved a collision with another vehicle, please complete the following:

Person Driving other Vehicle: _____ Injured: Yes No

Address of Driver: _____

Owner of Other Vehicle: _____

Address of Owner: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

List Name and Address of Passengers:

Passenger Name: _____ Injured: Yes No

Address: _____

Passenger Name: _____ Injured: Yes No

Address: _____

Use additional forms if you need to list more passengers.

PROPERTY DAMAGE (OTHER THAN VEHICLE ACCIDENTS)

Description of Property: _____

Description of Damage: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Owner's e-mail: _____

WITNESS INFORMATION

Witness Name: _____ Address: _____ Phone: _____

Witness Name: _____ Address: _____ Phone: _____