

**OVER 55 CYCLING CLUB INC
ACCIDENT/INCIDENT REPORT FORM**

This form is to be completed for all accidents involving third parties, or resulting in injury to a member. It may also be completed for "near misses" to highlight contributory causes. Completed forms are to be returned to the Ride Captain within 24 hours of any accident/incident.

Details of Accident

Date:	Time:	Ride Group:	Route No.:
Ride Leaders Name (print)			
Location:			
Description of accident/incident:			

Details of Injured O55 Member

Name (print):
Injuries received:

SEVERITY

- | | | |
|---|--|--|
| <input type="checkbox"/> First Aid only | <input type="checkbox"/> Medical treatment | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Death | <input type="checkbox"/> Police notified |

MAIN CONTRIBUTORY CAUSE

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Rider error | <input type="checkbox"/> Mechanical problem | <input type="checkbox"/> Road surface |
| <input type="checkbox"/> Driver error <input type="checkbox"/> | Other (specify) | |

If a Vehicle or Pedestrian was involved please provide details

Name (print):	Address
Vehicle make/Registration No.	Injuries

Person Submitting Report

Name (print):	Phone Number
Signature	Date

Witness To The Accident/Incident

Name (print):	Phone Number
Signature	Date

Action

Ride Captain's action
Date referred to committee
Committee action: