

SPORT INJURY REPORT FORM

*This form should be completed by a club official at the time of an accident,
injury or other incident during a club sponsored, organized and/or supervised activity.*

PERSON INJURED:	Cyclist	Coach	Volunteer	Spectator	Other (please specify)
First Name:	Last Name:		Date of Injury:		
Address:	City:	Province:	Postal Code:	Contact #:	
1 st Witness' Name:	Witness Contact #:				
2 nd Witness' Name:	Witness Contact #:				

INFORMATION:			
Form Completed By:	Contact #:	Email:	
Team/Club/Organization Name:			
Address/Location/Trail of Event:	City:	Province:	Postal Code:
Description of the Trail/Track/Venue:			
If COACH, please state NCCP Level:	Recreational	Competitive	

SPORT DISCIPLINE:
<input type="checkbox"/> BMX <input type="checkbox"/> 4X <input type="checkbox"/> CYCLO CROSS <input type="checkbox"/> CROSS COUNTRY <input type="checkbox"/> DOWN HILL RACING <input type="checkbox"/> TRACK <input type="checkbox"/> PARA ATHLETES <input type="checkbox"/> TRAILS

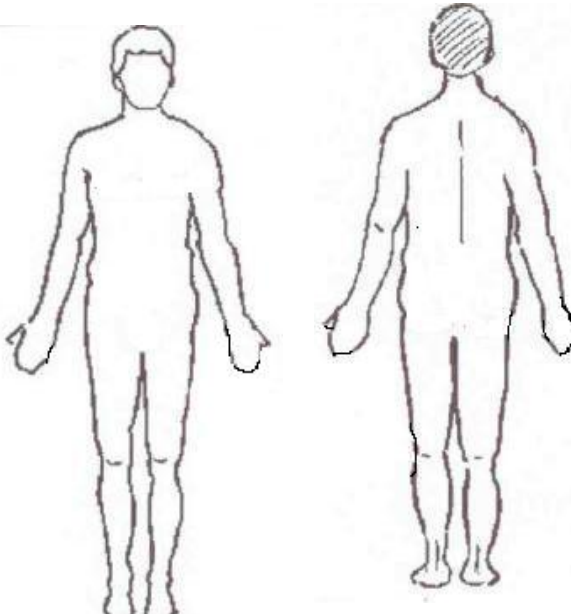
SUBJECT INVOLVED:	SUBJECT INVOLVED:
Date of Birth:	Height (approx):
Gender: Female Male	Weight (approx.):
	Years of Experience: 1st 2 - 3 4-9 +10

INJURY:	TYPE OF ACTIVITY:
Date of Injury:	Training Practice Competition Recreation
Time of injury: AM PM	Other (please specify)
HOW LONG INTO TRAINING/ EVENT:	INJURY OCCURRED DURING:
Hours Minutes N/A	Pre-season Regular Season Post Season
WAS INJURED CYCLIST WEARING A HELMET?	INJURY CLASSIFICATION:
Yes No	Acute Injury New Injury Recurrent Injury this Year
	Recurrent Injury Last Year Complication of Prior Injury
	Recurrent Injury Non-Sport Other (please specify)

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BODY PART(S) INJURED (PLEASE CIRCLE):

Specify if using on-line form:



SYMPTOMS:

Pain Loss of Feeling Shortness of Breath

Dizziness Loss of Consciousness Other (please specify)

NATURE OF INJURY:

Lacerations Sprains/Strains Fracture

Dislocation Skin Injury Other (please specify)

PRE-INJURY CYCLIST'S ACTION:

Going Straight Making Right Turn Making Left Turn

Slowing/Stopping Entering Traffic Starting in Traffic

Changing Lanes Merging/Overtaking/Passing

Avoiding Object Jumping

Other (please specify)

CAUSE OF INJURY:

Collision

Other Cyclist Pedestrian/Spectator Animal

Parked Vehicle Moving Vehicle

Fixed Object (i.e. tree) Other (please specify)

CAUSE OF INJURY:

Non-Collision

Bike Malfunction Washout Lost of Control

Terrain (roots/rocks) Ran off Road/Trail Fell Over

Other (please specify)

INITIAL TREATMENT:

None Given RICE Sling Splint CPR

Wrapping/Taping Dressing Crutches

Manual Therapy Stretch/Exercises

Non Given – Referred Elsewhere

REFERRAL:

No Referral Medical Practitioner Physiotherapist

Chiropractor

SURFACE:

Paved Unpaved Dirt

Wood Other

EQUIPMENT DEFECTS:

None Brakes Wheels

Forks Other

ANTICIPATED INJURY TIME LOSS:

0 days 1-2 days

3-6 days 7-9 days

10-21 day 22+ days

No Idea

CARE:

On-site Only Refused Care

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<p>LIGHT CONDITIONS:</p> <p>Dawn Daylight Dusk Lit Dark Road</p> <p>Unlit Dark Road</p> <p>WEATHER CONDITIONS:</p> <p>Dry Wet Muddy Snow/Slush Covered Icy Other</p>	<p>ROAD:</p> <p>Was there any traffic control where injury took place?</p> <p>Yes No</p> <p>ROAD POSITION:</p> <p>Traffic Lane Bike Lane</p> <p>Shoulder Sidewalk</p> <p>Bike Trail Other</p>	<p>EMS Care Self Transport</p> <p>Hospital Care</p> <p>COULD THIS INJURY HAVE BEEN AVOIDED?</p> <p>Yes No</p> <p>If yes, how (state)</p> <p>ACTIONS TO PREVENT REOCCURRENCE:</p> <p>1.</p> <p>2.</p> <p>3.</p>
<p>EXPLAIN EXACTLY HOW INJURY OCCURRED:</p>		

Signature:

Date: