



Cycling Incident Report

Event Name: _____

Event Date: _____

Organizing club: _____

Race Organizer (name/phone/email): _____

Medic (name/phone/email) _____

Commissaire (name/phone/email): _____

Name or Injured Party: _____

Date of incident/ accident: _____

Guidelines to Incident Report:

- Provide exact location of incident and details about what was involved (just bikes, bikes and cars, road debris, weather, steep slopes, etc.).
- Record times of when medic, ambulance etc got to the scene of the incident and where patient is transferred to.
- Take Pictures or video if possible (of the scene & injuries)
- Provide name of person who records Summary

Notify the MCA of the incident by phone: 204-925-5686

Forward Incident report immediately



SPORT INJURY REPORT FORM

SUBMIT COMPLETED FORM TO:
Manitoba CYCLING ASSOCIATION

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.

145 Pacific Ave., Winnipeg, MB R3B 2Z6

SECTION A: PERSON INJURED

CYCLIST SPECTATOR COACH VOLUNTEER

First Name: _____ Last Name: _____ Contact#: _____

Address: _____ City/Prov. _____ Postal Code: _____ YEAR OF BIRTH: _____

EXPLAIN EXACTLY HOW INCIDENT/ACCIDENT OCCURRED: Name/Trail/ Location of Event: _____

Time of Injury: _____

SPORT DISCIPLINE: Cyclo Cross Cross Country Road Other _____

ENVIRONMENT: LIGHT CONDITIONS: Dawn Dusk Lit Dark Road Daylight Unlit Dark Road

SURFACE: Paved Unpaved Dirt Wood If other, pls specify _____

WEATHER CONDITIONS: Dry Snow/Slush Icy Wet Muddy If other, please specify _____

FORM COMPLETED BY: _____ CONTACT #: _____

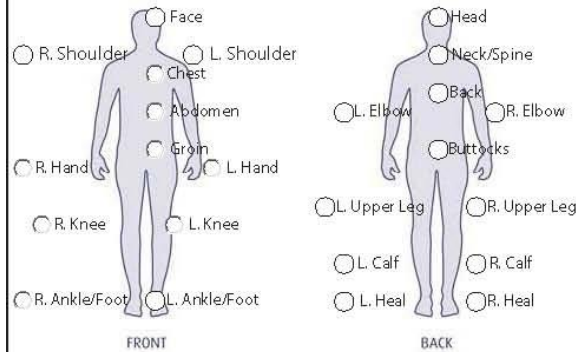
WITNESS NAME: _____ WITNESS PHONE NUMBER: _____

PLEASE COMPLETE SECTION "A" ABOVE IN FULL AND AS MUCH OF SECTION "B" BELOW AS POSSIBLE

SECTION B: DETAILS OF INJURY

YEARS OF EXPERIENCE: 1 2 - 3 4 - 9 10+ TYPE OF ACTIVITY: Training Practice Competition Recreation

BODY PART(S) INJURED: Please fill in circles located over the injury site(s).



If other, pls specify _____

INJURY CLASSIFICATION: New Injury Acute Injury Overuse
 Recurrence of previous injury Complication of Prior Injury
 Recurrent Injury Non-Sport Previous injury this year Other

NATURE OF INJURY: Sprain/Strain Fracture Dislocation
 Contusion Skin Injury Laceration Head Injury

All loss of consciousness or fainting requires IMMEDIATE medical follow-up

SUBJECT INVOLVED: Male Female

Height (cm): _____ Weight (kg): _____

CAUSE OF INJURY (Collision): Fixed Object (i.e. tree) Other Cyclist
 Moving Vehicle Parked Vehicle Pedestrian/Spectator Other

CAUSE OF INJURY (Non-collision): Bike Malfunction Washout
 Loss of Control Terrain (Roots/Rocks) Ran off Road/Trail Fell Over

INJURED PERSON'S ACTION PRE-INJURY: Entering Traffic
 Making Right Turn Making Left Turn Going Straight
 Starting in Traffic Changing Lanes Avoiding Object
 Merging/ Overtaking/ Passing Jumping Other

INITIAL TREATMENT: RICE (Rest, Immobilize, Cold, Elevate) Dressing
 Wrapping/Taping Manual Therapy Sling/Splint CPR
 Stretch/ Exercises None Given - Referred Elsewhere Other

CARE: EMS Care On-site Hospital Care Family Physician
 On-site Only Refused Care Self Transport to Hospital

FOLLOW UP:

Signature: _____ Date of Injury: _____ Current Date: _____

All information collected on this form of a personal nature is strictly confidential and will not be disclosed to a third party.

Please return completed form Manitoba Cycling, 145 Pacific Ave., Winnipeg, MB R3B 2Z6 9 or fax to: 1-204.925.5686

