

**SEATTLE BICYCLE TOURING CLUB  
INCIDENT REPORT**

Location of Incident: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ AM PM  
Identify Ride or Event: \_\_\_\_\_  
Name of Injured Rider: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Rider's Ability Level: \_\_\_\_\_ Helmet: Yes \_\_\_\_\_ No \_\_\_\_\_ Model: \_\_\_\_\_  
Identify Any Other Safety Equipment Used by Rider:  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Injury: \_\_\_\_\_  
\_\_\_\_\_

Emergency First Aid Rendered?: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by whom \_\_\_\_\_  
Nature of Treatment: \_\_\_\_\_  
Ambulance or Physician Called? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by whom: \_\_\_\_\_  
Was Injured Rider Transported? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where and by whom: \_\_\_\_\_  
Was Bike Transported? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where and by whom: \_\_\_\_\_  
Identify Outside Authority Notified: \_\_\_\_\_  
Description of Incident (identify any bicycles or vehicles involved (include license #s where applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injured Rider's Statement of How Incident Occurred (in rider's own words):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: (Name, address, phone, license #): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Report

Signature of person completing the report

WITNESSES SHOULD COMPLETE WITNESS STATEMENT FORM

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

**Give completed form to:**

Seattle Bicycle Touring Club - Rides Director.