

Accident Injury Report

Name of Injured Rider / Person: _____

Event / Activity Name: _____

Date & Time of Accident: _____

Contact Number for Injured Rider/ Person: _____

Nature of Injury: _____

Description of Injury: _____

Brief Description of Event that Led to Injury: _____

Witness Name and Contact Number: _____

Race/Event Organizer's Name and Number: _____

Was First Aid Administered at the Scene: Yes No

Was an Ambulance Called to the Scene: Yes No

What Hospital was the Injured Person Taken To: _____

Any Other Relevant Information Please Provide Below: _____

Signature: _____ Date: _____

Print Name Here: _____

Note 1: This form must be completed as much as possible, and returned to Cycling BC within 7 days of the injury. Email to insurance@cycllingbc.net

Note 2: If available, attach any report from the first responder

Note 3: This document and its contents are privileged; they were prepared in anticipation of litigation

