

Peninsula Pedallers Incorporated
(Reg No A 0020338T)
Incident Report Form

Date of incident / accident:..... Time of incident:.....

Injured member / guest:..... Age:.....

Address:.....

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Telephone: (Home).....(Work).....

Location of incident:.....

Describe in full how incident occurred and what actions were taken.

(write down everything you can remember no matter how insignificant it may seem)

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Describe the injury in detail and indicate the body part(s) affected:

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Did any medically trained members (doctors, nurses) assist? Provide details.

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Ride Coordinator:.....

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Witnesses (include name/address/telephone):.....

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Was an ambulance called?.....

Was the individual taken to hospital? What Hospital?.....

If no, did he/she refuse medical attention?.....

Was the family notified?..... Who?.....

On the back of this page or on a separate sheet, please document any observations or comments

regarding this incident you feel are important. The more information the better.

Name:..... Signature:.....

Position:.....

Follow up notes:.....

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Contact made by:..... Date:.....

Condition of member:.....

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