



# 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.

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Woodstock Cycling Club  
c/o Pedal Power  
590 Dundas St  
Woodstock, ON  
N4S 1C8

## 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  Down Hill Racing  Road  Track  Para Athletes  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 #:** \_\_\_\_\_

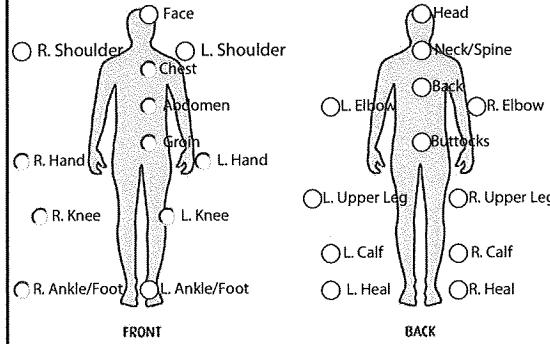
**WITNESS NAME:** \_\_\_\_\_ **WITNESS PHONE NUMBER:** \_\_\_\_\_

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

**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.