



SPORT INJURY REPORT FORM

This form should be completed at the time of an accident, injury or other incident

SUBMIT COMPLETED FORM TO: ALBERTA BICYCLE ASSOCIATION 11759 Groat Rd, Edmonton AB T5M 3K6 Fax: Email: info@albertabicycle.ab.ca

SECTION A: PERSON INJURED

- CYCLIST SPECTATOR COACH VOLUNTEER

First Name: Last Name: Contact # Address: City: Province: Year of Birth:

Club or Event Name:

Time of Injury:

Location of Incident:

Activity: Cyclo-cross MTB-XC MTB-DH Road Track BMX Other ENVIRONMENT: Light Conditions: Dawn Dusk Lit Dark Road Daylight Unlit Dark Road Surface: Paved Unpaved Dirt Wood If other, please 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: Diagrams of human body with labels for Front and Back views including Face, Head, Neck/Spine, Shoulder, Chest, Back, Elbow, Hand, Groin, Upper Leg, Lower Leg, Knee, Calf, Ankle/Foot, and Heel.

Subject Involved: Male Female Height (cm): Weight (kg):

Cause of Injury (Collision): Fixed Object Other Cyclist Moving Vehicle Parked Vehicle Pedestrian/Spectator Other

Injured Person's Action Pre-Injury: Entering Traffic Making Right Turn Making Left Turn Going Straight Starting in Traffic Jumping Changing Lanes Avoiding Object Merging/Overtaking/Passing Other

Initial Treatment: RICE (Rest, Immobilize, Cold, Elevate) Dressing Wrapping/Taping Manual Therapy Sling/Splint CPR Stretch/Exercises Non Given-Referred Elsewhere Other

Injury Classification: New Injury Acute Injury Overuse Recurrence of previous injury Complication of prior injury Recurrent Injury Non-Sport Previous Injury This Year Other

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

Nature of Injury: Sprain/Strain Fracture Dislocation Contusion Skin Injury Laceration Head Injury

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

FOLLOW UP:

Signature: Current Date: