

# HUB Cycling - ACCIDENT / INCIDENT REPORT

## Bike to School, StreetWise, Workshops, Volunteer Rides, Events

Complete legibly and return to your manager, Director and HUB's Director of Operations ([emily.beam@bikehub.ca](mailto:emily.beam@bikehub.ca)) whenever:

- A HUB activity participant or staff has an accident / injury – anything requiring more than a band aid
- HUB staff are involved in an incident damaging a building, vehicle or other property
- Someone makes any allegations against HUB or its staff (eg: harassment, abuse)
- External organizations such as police, fire or ambulance are called or attend the incident or injury

NOTE: If a vehicle leased or owned by HUB is involved, please complete the vehicle Incident Report in addition to this one.

**It is important this form be completed ASAP after an incident, while your memory is fresh!!**

Time & Date Form Completed: \_\_\_\_\_ Completed by (name): \_\_\_\_\_

**Full Name of Injured:** \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Name of Guardian (if Injured is a minor): \_\_\_\_\_

Day Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**And/ or Property Damaged:** \_\_\_\_\_

Address of Damage (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Incident Information

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Detailed description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police / Fire Department Response? \_\_\_\_\_ Police / Fire File #: \_\_\_\_\_

Police / Fire Rep Contact Info: \_\_\_\_\_

## Details of Injury

Body Part(s) Injured (Please Select all that apply)

FRONT

BACK

Face

R. Shoulder  L. Shoulder

Chest  L. Elbow  R. Elbow

Abdomen  L. Hand  R. Hand

Groin  Lower Back

R. Hand  L. Hand  Buttocks

R. Knee  L. Knee  L. Hamstring  R. Hamstring

R. Ankle  L. Ankle  L. Calf  R. Calf

R. Foot  L. Foot  R. Foot

## Nature of Injury:

- Fracture  Laceration  Sprain/Strain
- Head Injury  Dislocation  Skin Injury
- Recurring Injury \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

## Witness(es) to Incident

Witness 1: Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Witness 2: Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Action(s) taken following the incident: \_\_\_\_\_

Additional Comments (including if information was gained through an interpreter):

Reviewed By: HUB Director of Operations: \_\_\_\_\_ Date: \_\_\_\_\_

When there is a Police / Fire Department response or the Injured Person requires medical attention (anything beyond basic first aid) following the event, the Director of Operations must bring this incident report to the attention of the Executive Director and Board of Directors. All completed forms are available for the Executive Director and Board of Directors to view, in accordance with HUB Policies and Procedures.