

HUB Cycling Skills Course / Ride / Event
ACCIDENT / INCIDENT REPORT - LOCAL COMMITTEES
Bike to School, StreetWise, Workshops, Volunteer Rides, Events

Complete legibly and return to HUB's Director of Program Development (tim@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 the incident or injury **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: _____

Gender _____ Date of Birth: ___ / ___ / ___

Day Phone: _____ Other Phone: _____ E-mail: _____ **And/**

or Property Damaged: _____ Address:

_____ Day Phone

(School / Building): _____ Other Phone: _____ Contact Person:

_____ E-mail: _____ Date of incident:

_____ Time of incident: _____

Location of incident: _____

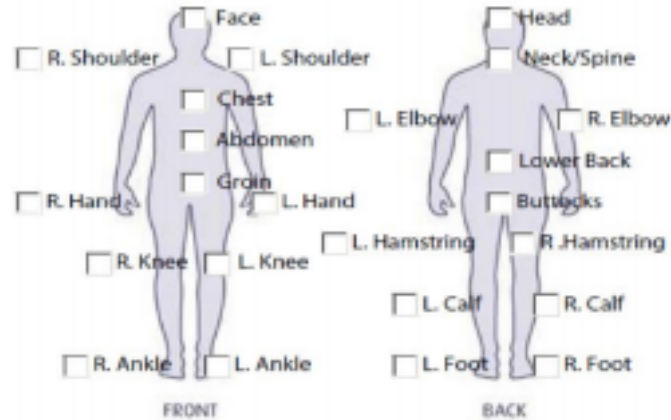
Detailed description of incident: _____

Police / Fire Department Response? _____ Police /Fire File #: _____ Police

/ Fire Rep Contact Info: _____

Details of Injury

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



Fracture Laceration Sprain/Strain Head

Injury Dislocation Skin Injury Recurring

Injury _____ Other

(Specify) _____

Witness(es) to Incident

Nature of Injury:

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:

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

Reviewed By:

HUB Local Committee Rep: _____

Date: _____

HUB Director of Bike Education : _____

Date: _____

HUB Executive Director: _____

Date: _____

HUB Board President: _____

Date: _____