



# SPORT INJURY REPORT FORM

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

SUBMIT COMPLETED FORM TO:  
ONTARIO CYCLING ASSOCIATION  
2-2015 Pan Am Blvd. Milton, ON L9E 0K7  
Fax: 1-855-488-0812  
Email: support@ontariocycling.org

## SECTION A: PERSON INJURED

CYCLIST  SPECTATOR  COACH  VOLUNTEER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Address: \_\_\_\_\_ City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_

Date of Injury:

Club or Event Name:

Time of Injury:

Location of Incident:

Activity:  Cyclo Cross  Cross Country  Downhill Racing  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 #: \_\_\_\_\_

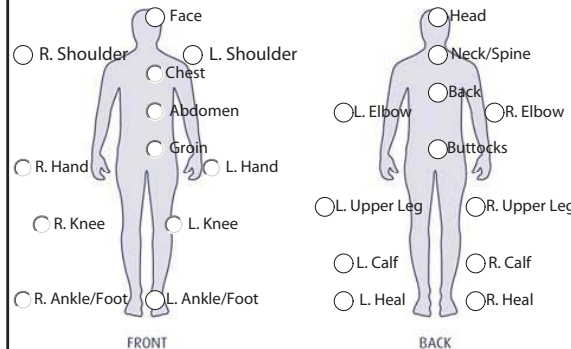
WITNESS NAME: \_\_\_\_\_ WITNESS PHONE NUMBER: \_\_\_\_\_

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: 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

NATURE OF INJURY:  Sprain/Strain  Fracture  Dislocation  
 Contusion  Skin Injury  Laceration  Head Injury

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

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: \_\_\_\_\_ Current Date: \_\_\_\_\_

All information collected on this form of a personal nature is strictly confidential and will only be shared as per the guidelines in the OCA Privacy Policy.