



SPORT INJURY REPORT FORM

This form should be completed in full 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 #: _____

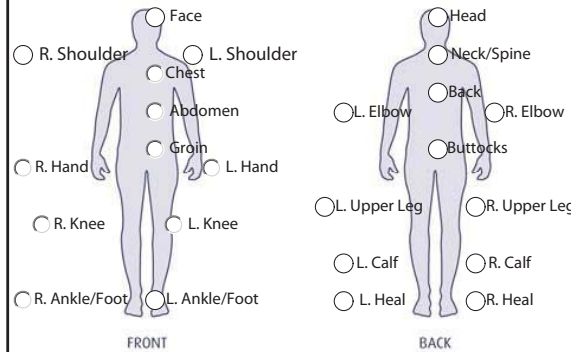
WITNESS NAME: _____ WITNESS PHONE NUMBER: _____

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.