

EBTC Incident Report



Location of Incident: _____

Date/Time of Incident: _____

Description of Incident: _____

Name of Injured Party: _____ Phone: _____

Nature of Injury: _____

Weather Conditions: Clear Raining Snowing Fog/Mist

Surface Conditions: Dry Wet Snow/ice Construction

Light Conditions: Daylight Dawn Dusk Darkness

Type of Incident: Fall Bike/Bike Car/Bike Pedestrian/Bike

First Aid Administered: No Yes If Yes, describe: _____

EMS Contacted: No Yes

Transported to Hospital: No Yes If Yes, Hospital name: _____

Name Witness 1: _____ Phone: _____

Name Witness 2: _____ Phone: _____

Name Witness 3: _____ Phone: _____

Police Contacted: No Yes If Yes, police organization: _____

Officer Name: _____ Badge Number: _____

If Incident Involves a Motor Vehicle

Licence Plate: _____ Vehicle Make/Model: _____

Name of Driver: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Ride Leader: _____ Phone: _____

Signed: _____ Date: _____

