



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: _____