



SPORT INJURY REPORT FORM

SUBMIT COMPLETED FORM TO:
ONTARIO CYCLING ASSOCIATION
2-2015 Pan Am Blvd. Milton, ON L9E 0K7

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

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 #: _____

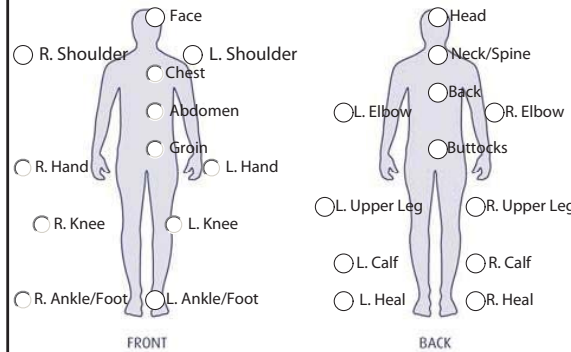
WITNESS NAME: _____ WITNESS PHONE NUMBER: _____

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.

Please complete all sections of the form. Incomplete forms may not be accepted.