

SEATTLE BICYCLE CLUB

FIRST REPORT OF ACCIDENT

Injury Date: _____ Injury time: _____ AM ____ PM

Injured Person: ____ Spectator ____ Participant ____ Other _____
____ Club Member ____ Non-Member

Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth: _____ Sex: ____ Male ____ Female SS# _____

Address: (Street) _____ (City) _____ (State) _____ (ZIP) _____ - _____

Phone (Day): _____ Phone (Evening): _____

If participant, was participant wearing a helmet at the time of the accident? ____ Yes ____ No

If yes, helmet manufacturer: _____ Helmet Model: _____

Bike involved in accident -- manufacturer: _____ Bike model: _____

Does the injured person have other medical insurance? ____ Yes ____ No If yes, name of company: _____

Club Name: *Seattle Bicycle Club*.

Club Address: *P.O. Box 31423, Seattle, WA 98103-1423* (www.seattlebike.org).

1. What part(s) of the injured person's body was hurt? ____ No Injury

CLAVICLE PELVIS HAND ARM FOOT LEG SIDE SHOULDER HIP EYE NECK

L R L R L R L R L R L R L R L R L R

STOMACH CHEST RIBS GROIN FACE HEAD BACK OTHER _____

____ Severe Cut w/Bleeding ____ Broken Nose ____ Less serious bruises, cuts, scratches ____ Fracture

____ Concussion ____ Paralysis ____ Other _____

2. Disposition: ____ On-site care only Pursue further care: ____ Yes ____ No ____ Fatality

____ Ambulance to: _____ Other transportation: _____

3. Location and description of accident:

4. This accident occurred during the following:

____ Special event ____ Club ride ____ Race ____ Time Trial ____ Conditioning event

Please provide names of any witnesses to the accident and phone numbers:

Witness Daytime phone number _____

Witness Daytime phone number _____

Witness Daytime phone number _____

5. Club official completing this form: Name: _____

Telephone number: _____ Title: _____

Send completed form to:

Ride Director
Seattle Bicycle Club
P.O. Box 31423
Seattle, WA 98103-1423