

# CYCLISTS OF GREATER SEATTLE

## 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: *Cyclists of Greater Seattle*

Club Address: *P.O. Box 31423, Seattle, WA 98103-1423* ([www.cyclistsofgreaterseattle.org](http://www.cyclistsofgreaterseattle.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  
Cyclists of Greater Seattle  
P.O. Box 31423  
Seattle, WA 98103-1423