



Incident Report Form

This form should be filled out when an accident or injury meets the following injury definition. Injury is defined as any physical event that occurs during a NICA team practice, race, coaches training or camp that results in physical harm to participant significant enough to: * warrant referral to a medical provider *miss school or work *lose time from training or competition

CHECK ONE: Personal Injury Property Damage

(Please Print Clearly)

Date of Incident: _____ Time of Incident: _____ Name of Club: _____

Injured: Athlete Coach Guest/Spectator Other: _____

Name of injured person (Legal): _____ Age: _____ Sex: M F

Address: _____ City/State/Zip: _____

Phone 1: (____) _____ Phone 2: (____) _____

Where did the incident occur?: On trail (specify): _____ On road (specify): _____

At school (specify): _____ Other: _____

What activity was taking place at time of incident? _____

Phase of ride when incident occurred: Beginning Middle End

Approximate distance from trailhead at time of incident: _____

How many riders were present at the time of incident: _____ How many adults were present? _____

Describe the incident. How did this incident occur? (Use back if necessary):

Affected Body Part (Specify R or L): Head/Neck Leg/Foot Ears/Nose/Mouth/Teeth Hand/Arm Knees

Shoulder Torso Back Internal Other: _____

Describe the Injury: _____

On Site Care Given by: Coach Parent EMT/Paramedic Facility Staff: _____

Name of Person Giving Care: _____ Level of Training: _____

Care Given on Site: Ice Immobilized Bandage Cleaned Other: _____

Parent/Guardian Notified: No Yes Comments: _____

Taken to Doctor/Hospital: No Yes If yes, location: _____

Please include names and phone numbers of two (2) witnesses:

Name (____) Phone Name (____) Phone

Person in Charge at Time of Incident: Name: _____ Phone: (____) _____

Report Submitted By: Name: _____ Phone: (____) _____

Date Report was submitted: _____ (Please submit this form to the address above)