FFBC Incident Reporting Form

This Form is carried on each club ride by the Ride Leader(s). At the accident scene, fill out the information below. It will provide the input to be entered into the on-line Incident Entry form later.

For Show-and-Go rides, make sure at-least one person is carrying the insurance Incident Report

Form. Call 911?

- 1. Work as a team to get medical help quickly determine if 911 should be called. When in doubt, call 911!
- 2. If the rider hit his/her head (or if helmet is off or damaged), looks to have a broken bone, has trouble responding or has lost consciousness (no matter how short a time), always call 911.

At the accident scene

- 1. Work as a team to comfort and protect the down rider.
- 2. When a 911 call is required, immobilize the rider
 - o If head or neck injury is suspected, hold head in place and do not move body. If possible, use jackets or clothing to maintain head/neck position until EMTs arrive.
 - o Cover down rider with clothing or jacket to help prevent cooling and impact of shock.
- 3. When it is safe to do so assign riders to redirect traffic.
- 4. Contact the down rider's emergency contact
- 5. Document the accident on the Incident Report form. Take pictures to help document the situation.
- 6. Help make arrangements for collecting and returning the injured rider's bicycle. One or two riders should stay back with the bike, until someone comes by to pick it up.
- 7. The ride leader should lead the group back to the start or recruit another rider to lead the group back to the start.

1 Rev 11/02/2020

FFBC Incident Reporting Form

| Person Reporting Incident | First Name | Last Name | Phone | Email |
|------------------------------|------------|---------------|-------|--------------------|
| incident | | | | |
| One Line | | | | |
| Summary of | | | | |
| Incident | | | | |
| Accident Date | | Accident Time | | |
| Location of | | 1 | | |
| Accident | | | | |
| Describe how it | | | | |
| occurred | | | | |
| | | | | |
| | | | | |
| | | | | |
| What kind of | Club Ride | Race Team | Race | Other |
| event (circle) | | Training | | |
| Injured Parties | | | | |
| First Name | Last Name | Address | Phone | Member/Guest/Other |
| #1 | | | | |
| Describe Injury | | | | |
| | | | | |
| | | | | |
| | | | | |
| #2 | | | | |
| Describe Injury | | 1 | | |
| | | | | |
| | | | | |
| | | | | |
| Add Additional info | on back | | 1 | T |
| Witnesses | First Name | Last Name | Phone | Member/Guest/Other |
| #1 | | | | |
| Witness | | | | |
| Statement | | | | |
| #2 | | | | |
| Witness | | • | 1 | |
| Statement | | | | |
| Add Additional info | o on back | | | |
| Describe | | | | |
| Property | | | | |
| damage if any | | | | |
| | | | | |
| | | | | |

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