CYCLING AUSTRALIA ACCIDENT REPORT FORM

membership@cycling.org.au

THIS FORM MUST BE FAXED, EMAILED OR POSTED TO CYCLING AUSTRALIA WITHIN TEN WORKING DAYS OF ACCIDENT.

OFFICE USE ONLY	
	Received
	Processed

Injury record books should be kept at each club, with or near the first aid kit. All injuries and treatments should be recorded, outlining the nature of the injury, treatment administered and any follow up action. Insurance claims have to be lodged within 12 months of the accident and records may be requested. Therefore it is essential that all records are kept up to date and this form be forwarded to Cycling Australia.

Event / Location of Incident

DETAILS OF INJURED PERSON

❒ Employee ❒ Member of Public ❒ Club Member ❒ Other _____

Membership Number	Date of Birth	
First Name	Surname	
Postal Address		
Suburb	State	Post Code
Home Phone	Mobile	
Email	Gender M ❒ F ❒	
Has the parent / guardian / emergency contact of the injured person been notified of the accident?	Yes ❒ No ❒	
Trade Team		
Emergency Contact Person	Phone	Relationship
Details of injury (part of body / suspected injury)		
First Aid Management		
Signature of Injured Person / Parent / Guardian / Emergency Contact	Date	

PERSONAL DETAILS OF PERSON SUBMITTING FORM

First Name	Surname
Home Phone	Mobile
Date of Incident	Time of Incident
Signature	Date
Description of Incident	

FOLLOW UP REPORT

TYPE OF CYCLING

Official Club Event	❒	CA/State racing event	❒	Please specify _____	
Training	❒	Other Racing Event	❒	Please specify _____	
Commuting	❒				
Recreational	❒	Other	❒	Please specify _____	

LOCATION OF INCIDENT

Velodrome Track	❒	Unsealed Road	❒
Velodrome In-field	❒	Official Cycle Path	❒
Velodrome Grounds	❒	Mountain Bike Trail	❒
Sealed Road	❒	Other	❒ Please specify _____

TYPE OF INCIDENT

Trip / Fall / Slip	❒	Bicycle Collision	❒	
Lacerations	❒	Vehicle Collision	❒	
Overheating	❒	Other	❒	Please specify _____
Dehydration	❒			

PART OF BODY INJURED

Head	❒	Hip / Leg	❒	Arm / Shoulder	❒
Neck	❒	Mouth	❒	Hip / Leg	❒
Eyes	❒	Feet / Toes	❒	Hip / Leg	❒
Ankle	❒	Knee	❒	Other	❒
				Please specify _____	

NATURE OF SUSPECTED INJURY

Sprain / Strain	❒	Dislocation	❒	Concussion	❒
Puncture	❒	Bruising	❒	Foreign Body	❒
Graze	❒	Sting / Bite	❒	Chipped Tooth	❒
Infection	❒	Fracture	❒	No apparent injury	❒
Burn	❒	Fainting	❒	Other	❒
				Please specify _____	

ACTION TAKEN

D.R.A.B.C.	❒	Observation	❒	Doctor at scene	❒
R.I.C.E.R.	❒	Hospital (car)	❒	Hospital (ambulance)	❒
Bandaging	❒	Immobilisation	❒	No action taken	❒
Dressing	❒			Other	❒
				Please specify _____	

CYCLING AUSTRALIA REPORT (OFFICE USE ONLY)

Signature of Cycling Australia Staff Member	Date