



# SPORT INJURY REPORT FORM

This form should be completed at the time of an accident, injury or other incident.

SUBMIT COMPLETED FORM TO:  
ONTARIO CYCLING ASSOCIATION  
2-2015 Pan Am Blvd. Milton, ON L9E 0K7

Email: support@ontariocycling.org

## SECTION A: PERSON INJURED

☐ CYCLIST ☐ SPECTATOR ☐ COACH ☐ VOLUNTEER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Address: \_\_\_\_\_ City/Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_

Date of Injury:

Club or Event Name:

Time of Injury:

Location of Incident:

Activity: ☐ Cyclo Cross ☐ Cross Country ☐ Downhill Racing ☐ Road ☐ Track ☐ BMX Other \_\_\_\_\_

ENVIRONMENT: LIGHT CONDITIONS: ☐ Dawn ☐ Dusk ☐ Lit Dark Road ☐ Daylight ☐ Unlit Dark Road

SURFACE: ☐ Paved ☐ Unpaved ☐ Dirt ☐ Wood If other, please specify \_\_\_\_\_

WEATHER CONDITIONS: ☐ Dry ☐ Snow/Slush ☐ Icy ☐ Wet ☐ Muddy If other, please specify \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

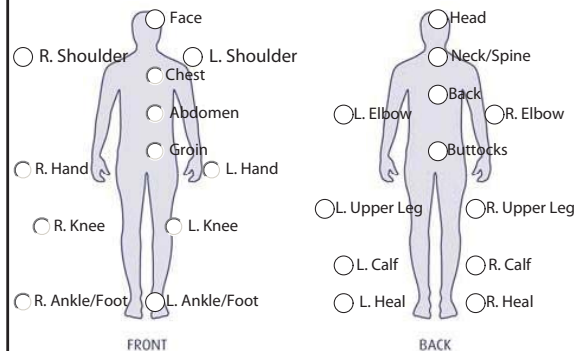
WITNESS NAME: \_\_\_\_\_ WITNESS PHONE NUMBER: \_\_\_\_\_

PLEASE COMPLETE SECTION "A" ABOVE IN FULL AND AS MUCH OF SECTION "B" BELOW AS POSSIBLE

## SECTION B: DETAILS OF INJURY

YEARS OF EXPERIENCE: ☐ 1 ☐ 2 - 3 ☐ 4 - 9 ☐ 10+ TYPE OF ACTIVITY: ☐ Training ☐ Practice ☐ Competition ☐ Recreation

BODY PART(S) INJURED: Please fill in circles located over the injury site(s).



If other, pls. specify \_\_\_\_\_

INJURY CLASSIFICATION: ☐ New Injury ☐ Acute Injury ☐ Overuse

☐ Recurrence of previous injury ☐ Complication of Prior Injury

☐ Recurrent Injury Non-Sport ☐ Previous injury this year ☐ Other

NATURE OF INJURY: ☐ Sprain/Strain ☐ Fracture ☐ Dislocation

☐ Contusion ☐ Skin Injury ☐ Laceration ☐ Head Injury

All loss of consciousness or fainting requires IMMEDIATE medical follow-up

SUBJECT INVOLVED: ☐ Male ☐ Female

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

CAUSE OF INJURY (Collision): ☐ Fixed Object (i.e. tree) ☐ Other Cyclist

☐ Moving Vehicle ☐ Parked Vehicle ☐ Pedestrian/Spectator ☐ Other

CAUSE OF INJURY (Non-collision): ☐ Bike Malfunction ☐ Washout

☐ Loss of Control ☐ Terrain (Roots/Rocks) ☐ Ran off Road/Trail ☐ Fell Over

INJURED PERSON'S ACTION PRE-INJURY: ☐ Entering Traffic

☐ Making Right Turn ☐ Making Left Turn ☐ Going Straight

☐ Starting in Traffic ☐ Changing Lanes ☐ Avoiding Object

☐ Merging/ Overtaking/ Passing ☐ Jumping ☐ Other

INITIAL TREATMENT: ☐ RICE (Rest, Immobilize, Cold, Elevate) ☐ Dressing

☐ Wrapping/ Taping ☐ Manual Therapy ☐ Sling/Splint ☐ CPR

☐ Stretch/ Exercises ☐ None Given - Referred Elsewhere ☐ Other

CARE: ☐ EMS Care On-site ☐ Hospital Care ☐ Family Physician

☐ On-site Only ☐ Refused Care ☐ Self Transport to Hospital

FOLLOW UP:

Signature: \_\_\_\_\_ Current Date: \_\_\_\_\_

All information collected on this form of a personal nature is strictly confidential and will only be shared as per the guidelines in the OCA Privacy Policy.

Please complete all sections of the form. Incomplete forms may not be accepted.