

**TOUKLEY & DISTRICT CYCLE CLUB Inc.**

**ACCIDENT AND HAZARD REPORT**

Use this form to report any accident, injury, near miss, dangerous occurrence or hazard.

A copy of this form should be retained by the rider involved and a copy provided to the Secretary T&DC

**Details of the person involved in the accident or reporting the hazard.**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

If Club Visitor: \_\_\_\_\_ Address: \_\_\_\_\_

**Details of the accident or hazard**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm \_\_\_\_\_

Where did the accident / hazard occur? Be specific: \_\_\_\_\_

Describe the accident / hazard including the events prior / or seriousness of the hazard:

Please note: if applicable, the cause of the accident / hazard

**Details of injury / illness, if any**

Types of injury e.g. strain, cut, burn, break \_\_\_\_\_ Parts of the body injured. Specify left or right \_\_\_\_\_

**Injury event** What action / exposure / event, directly caused the injury / illness?

**Injury agent** What object / substance / circumstance, where directly involved?

**Please note, if possible, the grade of the injury or hazard.** Very low 1 med 3 very high 5 \_\_\_\_\_

**Treatment:** None  First Aider  Doctor  Ambulance  Hospital  Other

**Outcome:** Continued riding  Admitted to hospital  Went home

**Name of the person completing this form**

Surname: \_\_\_\_\_ Given Names \_\_\_\_\_

Date: \_\_\_\_\_ Position, if any: e.g. Manager / sweep \_\_\_\_\_