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| **THIS FORM MUST BE FAXED, EMAILED OR POSTED TO CYCLING AUSTRALIA** |  OFFICE USE ONLY |  Received |
| **WITHIN TEN WORKING DAYS OF ACCIDENT.** |  |  Processed |

Postal: PO Box 6310, Alexandria NSW 2015 Fax: 02 9339 5888 Email: membership@cycling.org.au

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.

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| Event / Location of Incident  |

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| **DETAILS OF INJURED PERSON** |

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| Employee Member of Public Club Member Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Licence 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 |

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| **PERSONAL DETAILS OF PERSON SUBMITTING FORM** |

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

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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CYCLING AUSTRALIA REPORT (OFFICE USE ONLY)** |

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|  |
| Signature of Cycling Australia Staff Member | Date |