

People Cycling Incident Report

People Cycling Ride

Ride Name _____

Ride Dates _____ to _____

Ride Leader _____

Add'l Leaders _____

Person Involved in an Incident

Full Name _____

Address _____

Contact Number(s) _____

Email address _____

Incident Information

Date: _____ Time _____

Were the Police Notified? ☐ YES ☐ NO

If YES, Citation/Identification Number: _____

Location of Incident: _____

Incident Description: Include all important details on how the incident occurred, be as specific as possible.

Use an additional sheet of paper if more room is needed.

Were there witnesses? ☐ YES ☐ NO If YES, then provide the list on a separate sheet of paper

Was the person involved injured? ☐ YES ☐ NO If YES then describe the injury or injuries below

Was medical treatment provided? ☐ YES ☐ NO ☐ REFUSED

Where was treatment provided? ☐ Onsite ☐ Emergency Room ☐ Urgent Care ☐ Self-care

Did the injured leave the tour or did they then continue to ride? ☐ LEFT ☐ CONTINUED

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Additional Information: Please provide any additional information you feel we should know about the incident

Use an additional sheet of paper if more room is needed.

Reporting information (of the person submitting the form)

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Digital copies can be emailed to:

office@peoplecycling.org

Send any paper copies to:

People Cycling
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Independence KY 41051