



## Alabama Cycling Association Incident Report

**This form should be filled out immediately when an incident or injury occurs that results in the following during any ACA event.**

- Referral or visit to a medical facility
- Unable to complete or attend team practices, races, or ACA event
- Unable to attend school or work
- Unconsciousness or potential brain injury.

**This report is required even if you do not intent to file a claim.** This ensures that if an injury results in further care beyond the initial assessment the report to complete to accompany a potential future claim. More information can be found in the ACA Risk Management Guide.

**Incident reports must be submitted within 30 days after the incident.**

Name of Person Filing Report

Email of Person Filing Report

Phone Number for Person Filing Report

ACA Team Name (If person is a coach/rider)

ACA Team Point of Contact for Incident Report

Date of Incident

Time of Incident

Was this a team practice or race? Which race?

Location of Incident. Provide as much detail as possible.

Land manager or Owner of property where injury occurred.

## ACA Incident Form

Name of Injured Person

Age of Injured Person

Injured Person is a: (Circle Answer)

Student      Coach      Volunteer      Spectator      Staff      Other

If person is a minor, who is legally responsible for the injured person?

Email of Injured Person/Guardian if Minor

Phone Number of Injured Person/Guardian if Minor

Address of Injured Person

Describe the Injury, be specific about what body part had the primary injury, and any secondary injuries.

What circumstances caused the injury?

What were the weather conditions at the time of the injury?

## ACA Incident Form

Who provided onsite care at the time of the injury?

What first aid or other onsite care was provided at the time of the injury.

Was the injured person taken to the hospital? Yes No

If yes, what hospital?

If a minor, was the Parent/Guardian notified? Yes No NA

Did the Injury result in any of the following:

- ◇ Warrant referral to a medical provider
- ◇ Lose time from training or competition beyond the day of the incident
- ◇ Missed school or work
- ◇ Unconsciousness or potential brain injury
- ◇ None of the above

Name of person witnessing the injury (Note if minor)

Witness email (or guardian if minor)

Witness phone (or guardian if minor)

Name and team role of person in charge of event at the time of the incident

Other information related to the incident.