

RBC INCIDENT REPORT

This report is designed to obtain information that may help the club to determine future areas of safety education. You may review and revise any of your responses prior to submitting this form.

* Required

1. Date of Incident *

Example: December 15, 2012

2. Time of Incident *

Example: 8:30 AM

3. Individual Involved (indicate if RBC member)

4. Incident Location (street name/ route number/ intersection/ path name) *

5. RBC map # or name (if applicable)

6. Type of Bicycle Involved

Mark only one oval.

- Single
- Recumbent
- Tandem
- Trike

7. Type of Vehicle (if applicable)

Mark only one oval.

- None
- Automobile
- Motorcycle
- Truck
- Bus
- Other

8. Cyclist Activity (check all that apply)

Check all that apply.

- Turning right or left
- Cycling through intersection
- Cycling uphill or downhill
- Cycling on shoulder
- Cycling over bridge / train tracks
- Passing or passed by cyclist or other vehicle
- Map reading / texting/ telephoning
- Eating / drinking
- Other: _____

9. Road Surface and Road Conditions (check all that apply)

Check all that apply.

	Dry	Wet	Icy	Loose gravel on paved road	Potholes / construction	Chip sealed	N/A
Paved road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaved road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Weather Conditions - (e.g., clear, foggy, rain/sleet/snow, windy).

11. 911 - if called, what agency responded to the call?

12. Injuries - describe any injuries in detail.

13. **Medical Treatment - state where, when, from whom and the nature of the treatment received.**

14. **Incident Description - include speed, direction of travel of cyclist (and others if involved), lane position, signage/signals and other important information. ***

15. **Contact Information - enter the name, email, and phone number of person completing the report.**

16. **Suggestions - state any suggestions you may have that would prevent this type of incident in the future.**

17. **Comments - enter any additional comments or observations here.**

18. **Mail the completed report to: Andy Stewart, 10 Birmingham Dr., Rochester, NY 14618 or email to rbcfsafety2@gmail.com.**
