



BIKE CLUB ACCIDENT REPORT FORM

(Revised 03/28/25)

Distribute copies to TPS Athletics, Bike Club staff,
and the school administrators at your club.

Form Completed By: _____

Student Name: _____ Age: _____ Grade: _____ School: _____

Address: _____ Sex: ☐ Male ☐ Female

Parent/Guardian Notified: ☐ Yes ☐ No Notified By: _____ Method: ☐ Email ☐ Phone

Faculty Sponsor Name: _____ Sponsor present at scene of accident: ☐ Yes ☐ No

Witness #1 Name: _____ Phone: _____

Witness #2 Name: _____ Phone: _____

Degree of Injury:

- ☐ Minor - Scrapes, minor cuts, bruises, abrasions, mild road rash.
- ☐ Moderate - Deeper cuts requiring stitches, sprains, minor fractures (e.g., a small wrist fracture), significant road rash.
- ☐ Severe - Head injuries (possible concussion), broken bones, deep lacerations, dislocations, or any injury causing loss of consciousness.

Nature of Injury (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Abrasion/Scratch | <input type="checkbox"/> Fracture/Break |
| <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Heat Stroke |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Road Rash |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Sprain/Strain |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> _____ |

Body Part Injured:

- | |
|----------------------------------|
| <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Arm |
| <input type="checkbox"/> Back |
| <input type="checkbox"/> Chest |

- | |
|--------------------------------|
| <input type="checkbox"/> Elbow |
| <input type="checkbox"/> Eye |
| <input type="checkbox"/> Face |
| <input type="checkbox"/> Foot |
| <input type="checkbox"/> Hand |

Side: ☐ Right ☐ Left

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Leg | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Mouth | |
| <input type="checkbox"/> Neck | |

Describe the Accident (What happened?): _____

Date of Incident: _____

Location of Accident:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Park | <input type="checkbox"/> Street |
| <input type="checkbox"/> School Grounds | <input type="checkbox"/> Trail/Path |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> _____ |

Possible Causes (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Collision with Another Rider | <input type="checkbox"/> Rider Error |
| <input type="checkbox"/> Collision with Object | <input type="checkbox"/> Road/Trail Conditions |
| <input type="checkbox"/> Equipment Malfunction | <input type="checkbox"/> _____ |

Action Taken (Check all that apply):

- ☐ First-Aid Given By: _____
- ☐ Sent Home By: _____
- ☐ EMS Called: _____
- ☐ Taken to Hospital: _____
- Hospital Name: _____

Follow Up Wellness Check:

- Date of Contact: _____
- Name of Contacter: _____
- Spoke With: _____
- Status of Injured: _____
- Days of School Missed: _____