



South Island Mountain Bike Society
PO Box 8145,
Victoria, BC V8W 3R8
www.simbs.com

Accident Report Form

Your name: _____

Address: _____

City: _____ Phone number: _____ Fax number: _____

Injured person name: _____

Address: _____

City: _____ Province: _____ Phone Number: _____

Date Of Accident: _____ Time Of Accident: _____ (A.M./P.M.)

Location of accident: _____

Weather conditions: _____

Describe what happened: _____

Was an ambulance called: _____ (Yes/No) How long before it arrived: _____

Was medical assistance provided before the ambulance arrived: _____ (Yes/No)

If "Yes", describe what assistance was given and by whom: _____

Was the injured person a minor: _____ (Yes/No)

If "Yes", were parents/guardians present at the time of the accident: _____ (Yes/No)

Parent/guardian names: _____

Were any other people present who could describe what happened: _____ (Yes/No)

If "yes", provide the following for each:

<u>Name</u>	<u>Address</u>	<u>Phone Numbers</u>
_____	_____	_____
_____	_____	_____

If the accident involved a horse, snowmobile, ATV or other vehicle provide:

Name of owner: _____

Address of owner: _____

City: _____ Province: _____ Phone number: _____

List/describe any known particulars of the horse, snowmobile, ATV or vehicle:

Your Signature: _____ Date Signed: _____