

**MID MICHIGAN CYCLING CLUB  
ACCIDENT/INCIDENT REPORT FORM**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_AM/PM

Name of Injured Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male/Female

Details of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Injury: \_\_\_\_\_

Injury requires physician/hospital visit? Yes/No

Name of Physician/Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Physician/Hospital Phone number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of injured party

Date

**\*\*NO MEDICAL ATTENTION WAS DESIRED AND/OR REQUIRED\*\***

\_\_\_\_\_  
\_\_\_\_\_

Signature of injured party

Date