

<b>L O C A T I O N</b>	1. PLACE WHERE ACCIDENT OCCURRED: COUNTY _____ CITY OR TOWN _____			2. YEARS OF BICYCLING EXPERIENCE:
	IF ACCIDENT WAS OUTSIDE CITY LIMITS ZIP CODE _____			
	INDICATE DISTANCE FROM NEAREST TOWN: _____ N S E W of _____			(Mark one)
	_____ MILES _____ CITY OR TOWN			0-1 YEARS <input type="radio"/>
	ROAD ON WHICH ACCIDENT OCCURRED: _____			1-3 YEARS <input type="radio"/>
	Block# _____ Street Name _____ Route # _____			3-10 YEARS <input type="radio"/>
INTERSECTING STREET: _____			10 OR MORE <input type="radio"/>	
Block# _____ Street Name _____ Route # _____				
4. BICYCLE LANE? Yes <input type="radio"/> No <input type="radio"/> UTILIZED? YES <input type="radio"/> NO <input type="radio"/>				
BICYCLE PATH? Yes <input type="radio"/> No <input type="radio"/> UTILIZED? YES <input type="radio"/> NO <input type="radio"/>				
SIDEWALK? Yes <input type="radio"/> No <input type="radio"/> UTILIZED? YES <input type="radio"/> NO <input type="radio"/>				
5. TYPE OF TRAFFIC CONTROL: (Mark one)			NONE <input type="radio"/>	
LIGHT <input type="radio"/> SIGN <input type="radio"/> CROSSWALK <input type="radio"/> CROSSING GUARD <input type="radio"/>				

6. DATE OF ACCIDENT: / / 20__	DAY OF WEEK: _____	HOUR: AM <input type="radio"/> PM <input type="radio"/>
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WERE YOU INVOLVED IN THE ACCIDENT AS A: (Mark one)		BICYCLIST <input type="radio"/>	OR	PEDESTRIAN <input type="radio"/>
7. TYPE OF INJURY: (Mark one)		NON-INCAPACITATING <input type="radio"/>	8. DID YOU HIT YOUR HEAD? (Mark one)	
NUMBER INVOLVED?		POSSIBLE INJURY <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	
		NO INJURY <input type="radio"/>		

9. PURPOSE OF TRIP: (Mark One)	Commute <input type="radio"/> School <input type="radio"/> Recreation/Fitness <input type="radio"/> Other <input type="radio"/>	WAS A HELMET WORN? (Mark one) YES <input type="radio"/> NO <input type="radio"/>
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10. BICYCLIST INFORMATION: NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ AGE: _____ SEX: _____ RACE: _____	PEDESTRIAN INFORMATION: NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ AGE: _____ SEX: _____ RACE: _____
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OTHER BICYCLIST/PASSENGERS INVOLVED: NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ AGE: _____ SEX: _____ RACE: _____	OTHER PEDESTRIAN INVOLVED: NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ AGE: _____ SEX: _____ RACE: _____
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11. ACCIDENT DESCRIPTION: <b>MARK WHICH APPLY:</b> STRUCK CYCLIST <input type="radio"/> STRUCK PEDESTRIAN <input type="radio"/> STRUCK CURB <input type="radio"/> STRUCK TREE <input type="radio"/> STRUCK ANIMAL <input type="radio"/> FELL OFF BIKE <input type="radio"/> STRUCK MOTOR VEHICLE <input type="radio"/> STRUCK OTHER <input type="radio"/> (Specify) _____	12. CONTRIBUTING FACTORS : Other Specify <input type="radio"/> Debris in Roadway <input type="radio"/> Roadway Defects <input type="radio"/> Tire Blow Out <input type="radio"/> Wet or Icy Roadway <input type="radio"/> Distracted <input type="radio"/> Light Conditions <input type="radio"/> 13. WERE THERE ANY BICYCLE DEFECTS? YES <input type="radio"/> NO <input type="radio"/> <b>MARK APPLICABLE DEFECT:</b> BRAKES <input type="radio"/> CHAIN <input type="radio"/> REFLECTORS <input type="radio"/> OTHER <input type="radio"/> TIRES <input type="radio"/> (SPECIFY) _____ 14. WERE ILLUMINATION DEVICES OR REFLECTORS UTILIZED AT THE TIME OF THE ACCIDENT? <input type="radio"/> YES <input type="radio"/> NO
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15. DESCRIBE BRIEFLY THE EVENTS OF THE ACCIDENT:

Signature of Bicyclist or Pedestrian \_\_\_\_\_

\*\*Signature of Parent of Guardian if involved was a minor \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_