



# Incident

**Bicycle Wagga Wagga Inc.**  
(incorporated under the Associations Incorporation Act 2009)

Please use a separate form for each rider involved. Attach photos and additional pages of information as necessary.  
 On completion, return to: BWW Secretary, bwwsec@gmail.com

Incident			
<b>Date/Time of Incident</b>	/ / 20	<b>Ride Name</b>	
<b>Involving BWW Member and ..</b> <small>(circle)</small>	Accident/Medical Near Miss	Lost Rider Motor Vehicle	Other Member/Misbehaviour
Incident Details			
<b>Street</b>		<b>Suburb</b>	
<b>Nearest Cross Street</b>	<small>if possible, draw map over</small>		
<b>Description of Incident / Near Miss:</b> Identify all bicycles and vehicles involved – include licence numbers where possible. <small>If insufficient space, use over or attach separate sheet</small>			
Incident Response			
<b>Authorities Notified?</b> <small>(circle)</small>	Ambulance	Police	Fire Brigade Other ..
By whom?		<b>Authority Ref</b>	
<b>Name of Rider</b>		<b>Phone No</b>	
<b>Nature of Injury</b>			
<b>First Aid Administered?</b> What was done? By whom?	<input type="checkbox"/> BWW First Aid Kit used		
<b>Rider transported?</b> Where to? By whom?			
<b>Bike transported?</b> Where to? By whom?			
<b>Rider's Statement</b> <small>(in their own words)</small> <small>If insufficient space, use over or attach separate sheet</small>			
<b>Witness Name</b>	Contact Phone No	Licence No	BWW Member? Background?
Person Making Report			
<b>Your Name</b>		<b>Contact Phone No</b>	
<b>Your Signature</b>		<b>Date of Report</b>	
BWW			
<b>Followup Required?</b> What? By whom?	Yes No		
<b>Closed by</b>		<b>Date Closed</b>	/ / 20