

**Incident Report**

**Rider:**

**Ride Leader:**

**Date:**

**Location:**

**General Description of accident:**

**Severity of the accident:**

**Actions Taken by Ride Leader and other Riders (eg call 911, secure area, etc):**

**Cause of the incident:**

**Lesson Learned:**

**Insurance Note:** The club has accidental medical insurance coverage that will cover some of the rider's medical cost provided the rider is a club member and the ride was a posted LVCC ride. It does not cover equipment repairs. Indicate here if the rider is receiving medical care so that the proper forms can be sent.

Forward this form to the VP Touring ( [vp-touring@lvcycling.club](mailto:vp-touring@lvcycling.club) ) and the club president ( [president@lvcycling.club](mailto:president@lvcycling.club) ).