

Lighthouse Incident Report

Place Incident Reports in the Box at Net Control.

Incident Information

Report By:	Date:
Helmet: Yes No	
Rider On: Single Bike Tandem	
911 EMS Called: Yes No	
Rider Transported: By EMS (To hospital) By SAG (To Start)	
Incident Location:	
Description of Incident:	
Attending Officer: Affiliation:	

Complete Other Side

Injured Person Information

Name:
Bib Number:
Phone:
Address:
City & State:
Description of Injuries:
Witness Name: Phone: Address:
Liability Release: I refuse the assistance recommended by the SAG volunteer: Signature:

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