

## **NICA Safety Study Incident Report Form (Printable)**

*This is the new NICA Incident Report Form for use in Spring Leagues plus Utah and Georgia.*

This form should be filled out when an accident or injury meets the following injury definition. Injury is defined as any physical event that occurs during a NICA team practice, race, coaches training or camp that results in physical harm to participant significant enough to: **1) Warrant referral to a medical provider OR; 2) Lose time from training or competition OR; 3) Miss school or work**

**Please Select all applicable injury triggers that have led to this report** (Must be between 1 & 3)

☐ Referral to Medical Provider ☐ Lost time from training / competition ☐ Miss School/Work

**League:** \_\_\_\_\_ **Team/ School:** \_\_\_\_\_

### **Information on Injured Person:**

☐ Student-athlete ☐ Coach ☐ Volunteer ☐ Other

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Sex: \_\_\_\_\_ (M/F/Other, prefer not to identify)

Date and approximate injury time (MM/DD/YYYY, HH:MM): \_\_/\_\_/\_\_\_\_, \_\_:\_\_ (AM/PM)

### **During which kind of ride or event did this occur?**

☐ Team Practice (Skills training) ☐ Team Practice (on mountain bike trails) ☐ Team Practice (riding on public roads) ☐ Race ☐ Camp ☐ Leaders Summit ☐ NICA On-the-Bike Skills ☐ Coaches Retreat ☐ Other

### **Please provide a brief description of how the incident occurred:**

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### **Injury Information**

#### **Injured Body Part (mark all that apply)**

☐ Head/brain (concussion, brain injury, bleeding under the skull, skull fracture, etc)  
☐ Head / superficial (scalp wound, bruise, hematoma/goose egg, etc)  
☐ Neck ☐ Face ☐ Upper Back (thoracic spine) ☐ Lower Back (lumbar spine)  
☐ Abdomen & Chest ☐ Pelvis & Hip ☐ Other

**For the following injured body parts, please indicate "L" for Left, "R" for right, "B" for both or "N/A" for does not apply:**

☐ Shoulder (including Collar Bone) ☐ Arm (between shoulder and elbow)



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☐ Forearm (between elbow and wrist) ☐ Elbow ☐ Wrist & Hand  
☐ Thigh (between hip and knee) ☐ Knee ☐ Leg (Between knee and ankle) ☐ Foot & ankle

**What was the diagnosis for the injury? Using the list below, please indicate which injured body part received which diagnosis. *Example:* Head/brain, concussion; Right Elbow, abrasion, fracture etc...**

Abrasion (scrape of skin); Sprain (ligament injury at a joint); Fracture (broken bone); Concussion  
Contusion (bruise); Laceration (cut of the skin); Strain (Muscle or tendon injury); Dislocation (joint out of place); Other; Unknown

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**Was the injured person able to complete the training session or race?**

☐ No ☐ Yes ☐ N/A

**Was the injured person evacuated from the trail or race course by emergency personnel?**

***Please note: NICA volunteers and coaches are NOT considered emergency personnel***

☐ No ☐ Yes ☐ Unknown

**Did the injured person go to the emergency room (ER) at any time for the injury? *This can be updated at a later point if necessary. Please include what has been done so far.***

☐ No ☐ Went to ER, then sent home ☐ Went to ER, then admitted to hospital ☐ Unknown

**Which health care provider(s) did the injured person see for their injury? Check all that apply. *This can be updated at a later point if necessary. Please include what has been done so far.***

☐ None ☐ Medical Tent ☐ Physical Therapist ☐ Family Physician ☐ Chiropractor  
☐ Sports Medicine Physician (non-surgical) ☐ Athletic Trainer ☐ Pediatrician  
☐ Orthopedic Surgeon ☐ Urgent Care Clinic Physician ☐ Emergency Medicine Physician  
☐ Hospitalized ☐ Other ☐ Unknown

**At which point in the ride did the injury occur?**

☐ Warm-up ☐ First third of the ride/race (e.g. 2nd lap of an 8 lap course)  
☐ Middle third of the ride/race (e.g. 4th lap of an 8 lap course)  
☐ End of the ride/race (e.g. 7th lap of an 8 lap course) ☐ Finish Line  
☐ Cool Down ☐ Other

**Was the venue or route familiar to the injured rider?**

☐ No, the rider had not ridden on this trail before  
☐ Yes, the rider had ridden on this trail before  
☐ N/A

**Were any of the following associated with the injury? Check all that apply.**

☐ Weather ☐ Obstacle (man-made, tree, rock, etc.) or trail condition  
☐ Highly technical nature of the portion of the trail (e.g. difficult turn, loose terrain, etc.)



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☐ Passing another rider or getting passed ☐ Nothing  
☐ Mechanical problem (e.g. failing brakes, loose cables, inability to shift, etc, please explain)  
☐ Inexperience of the student-athlete (e.g. a more experienced rider would not have made the same mistake) ☐ Other

**IF weather condition(s) were associated with the injury, please check all that apply:**

☐ Rain ☐ Snow ☐ Ice ☐ Cold ☐ Heat ☐ Wind ☐ Hail ☐ Humidity

Other, please

comment: \_\_\_\_\_

**Which type(s) of trail conditions were present where the injury occurred? Click all that apply.**

☐ Roots ☐ Rocks ☐ Mud ☐ Snow ☐ Ice ☐ Sand ☐ Dirt ☐ Gravel ☐ Sharp turn  
☐ Rut ☐ Log ☐ Water crossing ☐ Other man-made ☐ Other natural ☐ Not applicable

Other, please

comment: \_\_\_\_\_

**What was the trail incline where the injury occurred?**

☐ Uphill / ascending ☐ Downhill / descending ☐ Flat ☐ Other ☐ N/A

**What was the approximate number of NICA Licensed Coaches present at the race/practice?  
(Includes Level 1, Level 2 or Level 3 coaches) \_\_\_\_\_**

**Which NICA Licensed Coaches were present? Check all that apply**

☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Other

**What was the licensing level of the coach leading the activity?**

☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Unsure or N/A

**First and Last Name of Person Submitting Report: \_\_\_\_\_**

**Email Address of Person Submitting Report: \_\_\_\_\_**

***Please give this completed form to your Team Director for them to submit to the NICA Safety Study or if this activity is not associated with a team, this report may be submitted using the Universal Online Incident Report Form.***