

Cycling Hazard Reporting Form

taken a tumble? had a close shave? been bumped into?

if you've had an accident or near-miss on your bike we need to know. help us make cycling safer in Dunedin: return this form to the Dunedin City Council, PO Box 5045, Dunedin, Attn Transportation Planning.

What happened and why? (include a diagram if possible, showing side streets, property numbers and other features to help us pin-point the location)

(need more room? p.t.o...)

Date:	Day:	Time	am/pm
Did you strike a stationary/fixed object? (circle) pothole, parked car/opening door, road works, debris, drainage grate, other:.....			
Other party involved? (circle) pedestrian, cyclist, moving car, truck, bus, motorbike			
Road: (please circle) curved/ straight/at a driveway/roundabout/cross roads/T-intersection/ traffic signals			
Road Surface:	wet/dry/icy		
Light conditions:	bright/overcast/twilight/dark		
Were you injured?	Y/N		
Did the police attend?	Y/N		
Did you require medical attention? if yes, give details:			

<u>personal details are optional and will remain confidential</u>			
Name:	Phone:		
Address:	e-mail:		
	age:		M/F
are you happy to be contacted for more details of your accident? Y/N			