INCIDENT REPORT

BIB #: _____   Time: _____   *SAG Segment_____

Location: _____

SAG: ☐   Ambulance: ☐   To: _____

Discontinued Ride: ☐   Advised to Discontinue: ☐

Tired: ☐   Injured: ☐   Mechanical: ☐   Other: ☐

Submitter Name: _____

SAG: ☐   Course Marshal ☐   Red Cross ☐   MARS ☐

WRITE DETAILS ON BACK. PLEASE SUBMIT COMPLETED FORM TO MARS RADIO AT REST STOPS OR START /FINISH.

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Incident Report Instructions

1. An Incident Report must be submitted if a cyclist:
    a. Terminates the ride voluntarily.
    b. Is advised to terminate the ride.
    c. Is transported by SAG or Ambulance.
2. The report may be submitted by MARS Radio, Course Marshals, Red Cross or SAG.
3. Drop off the filled out Incident Report ASAP to MARS Radio at a Rest Stop or Start/Finish.
4. If the submitter has a MARS Radio, call the information to Net Control.
5. MARS Radio at Rest Stops need to get the Incident Reports to Start/Finish after Rest Stop is closed.