

## **Bicyclist's Incident Report**

*The following information is requested by the Warren County Sherriff's Department when reporting a harassment incident that took place while cycling. Forms of harassment include animal attacks and verbal or physical abuse inflicted by individuals or automobiles. Please submit this form to Meredith Johnson (270-781-7444) at [meredithjohnson@insightbb.com](mailto:meredithjohnson@insightbb.com). Meredith has volunteered to be a liaison between the Bowling Green League of Bicyclists and the Sherriff's Department. He will report the incident on your behalf, unless you prefer to do so yourself.*

**Today's Date:**

**Date of Incident:**

**Type of Incident:** Animal    Vehicle    Human    Other\_\_\_\_\_ (specify)

**Date of Incident:**

**Time of Incident:**

Location of Incident:

### **Your Information:**

Name: First, Middle, Last

Address:

City:

State:

Zip Code:

County:

Phone #:

Alternate Phone #:

(If submitting electronically – Do not fill in Social Security or Date of Birth)

Social Security Number:

Date of Birth:

**Injuries:** Yes    No                    Ambulance Called: Yes    No

Location of Medical Treatment:

Describe your Injuries:

### **Property Damage:**

Item, Damage, Value or cost of repairs

### **Animal Information:**

Species: Dog    Cat    Other(Specify)\_\_\_\_\_

Description:

Owner:

Address:

City:

State:

Zip Code:

County:

Phone #:

Vet Information:

**Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate: \_\_\_\_\_ State: \_\_\_\_\_  
Description of vehicle (Damage, stickers, etc.): \_\_\_\_\_

**Personnel Confrontational:** (If a person is the problem)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Age (approximately): \_\_\_\_\_  
Description of individual (scars, tattoos, clothing, Language): \_\_\_\_\_  
Any information that would help to identify the subject: \_\_\_\_\_

**Witness Information:** (As many as available)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Age (approximately): \_\_\_\_\_

**Details of Incident:**

(Be concise and as accurate as possible. Include any additional information you may have): \_\_\_\_\_