

E-BIKE INCIDENT REPORT FORM

Consider printing and keeping copies of this blank form in your vehicle or saddle bag

Date:	Approximate Time	:	Day of Week:
1. State:	Forest, Park or BLM District Name: _		
2. Trail name ar	nd approximate location of incident:		
3. E-Bike type: 0	Class 1, Class 2, Class 3, Out-of-Class, I	Oon't Know (circle one)	
4. Is E-Bike use	authorized by the land management as	gency on this trail? Yes,	No (circle)
5. If E-Bike use	is authorized, what class of e-bike use i	s authorized? Class 1, C	Class 2, Class 3 (circle all that apply)
6. E-Bike brand	, model and color:		
7. How did you	know it was an electric bicycle (and no	ot a regular bicycle)?	
	lent: Positive Encounter, Biker Failed to ld additional information below.)	Yield, Excessive Speed,	, Lack of Trail Etiquette (circle all
	son or your stock injured as a result of t		
	t on the incident filed with law enforce		
11. How did the	e incident with e-bike(s) affect your trai	il experience?	
12. Person repo	rting: Name	Email	
Phone	Zip C	Code	

Please attach photographs, if possible, copy this completed form, and send to: michellewade@bcha.org