

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

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| <p>A General Info</p> | <p>Today's Date: <u>7-22-05</u></p> <p>Name: <u>Gra Chirielison</u></p> <p>Address: <u>2 J Woods Edge Dr</u></p> <p>Phone: <u>720 273 9315</u></p> <p>Email: <u>gmc@bentford.wire.com</u></p> <p>Are you a: Commuter <input type="checkbox"/>, Recreational Rider <input checked="" type="checkbox"/>, Racer <input type="checkbox"/>, Other <input type="checkbox"/> (please describe):</p> <p>Date of Incident: <u>7-20-05</u></p> <p>Street Name: <u>Rt 25</u> lives in <u>Turtle Creek</u> Just left <u>BRRkey heading South</u> Motorist turned right</p> <p>Time of Day: <u>8:00</u> am <input checked="" type="checkbox"/> pm</p> <p>Weather Conditions: <u>Clear</u> into <u>Deerfields w/o signaling</u></p> <p>Were you riding alone? Yes <input checked="" type="checkbox"/>, No <input type="checkbox"/></p> <p>Number of lanes on street: <u>4</u></p> <p>Bike lane: Yes <input type="checkbox"/>, No <input checked="" type="checkbox"/></p> <p>Sidewalk: Yes <input type="checkbox"/>, No <input checked="" type="checkbox"/></p> <p>Lighting Condition: dusk <input checked="" type="checkbox"/>, dawn <input type="checkbox"/>, daylight <input type="checkbox"/>, darkness with street lighting <input type="checkbox"/>, darkness with out street lighting <input type="checkbox"/>, other <input type="checkbox"/></p> <p>Traffic Volume: none <input type="checkbox"/>, light <input checked="" type="checkbox"/>, moderate <input type="checkbox"/>, heavy <input type="checkbox"/></p> <p>Road Configuration: one way <input type="checkbox"/>, two way <input checked="" type="checkbox"/>, Divided Highway <input type="checkbox"/></p> <p>Road Feature: 4-way intersection <input checked="" type="checkbox"/>, T-intersection <input type="checkbox"/>, side street <input type="checkbox"/>, private drive <input type="checkbox"/>, parking lot <input type="checkbox"/>, railroad crossing <input type="checkbox"/>, hill crest <input type="checkbox"/>, blind curve <input type="checkbox"/>, other <input type="checkbox"/> (please describe)</p> <p>You were: riding with traffic <input checked="" type="checkbox"/>, stopped at an intersection <input type="checkbox"/>, making left turn <input type="checkbox"/>, making right turn <input type="checkbox"/>, riding against traffic <input type="checkbox"/>, other <input type="checkbox"/> (please describe)</p> <p>You were located: shoulder <input checked="" type="checkbox"/>, sidewalk <input type="checkbox"/>, bike lane <input type="checkbox"/>, right third of lane <input type="checkbox"/>, center of lane <input type="checkbox"/>, left third of lane <input type="checkbox"/></p> <p>Equipment: headlight <input type="checkbox"/>, tail light <input type="checkbox"/>, reflector <input type="checkbox"/>, vest/banner <input type="checkbox"/>, other <input type="checkbox"/></p> <p>Did you file a police report? Yes <input type="checkbox"/>, No <input checked="" type="checkbox"/> Type of Report: Accident <input type="checkbox"/>, Offense <input type="checkbox"/> Report #:</p> <p>Was this Incident involving a vehicle? Yes <input checked="" type="checkbox"/>, No <input type="checkbox"/> If yes, proceed through section C. If no, go to section D</p> <p>Please describe the incident: <u>person made a right turn w/o signal into my left side.</u></p> <p>Please describe any information about the vehicle: <u>4 dr Passenger Sedan</u></p> <p>Please describe any information about the driver (sex, approximate age, etc.): <u>OLD, male, 70-75 yrs old</u></p> |
| <p>C Incident Involving another Vehicle</p> | <p><u>None</u></p> |

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| D | The non-vehicular incident involved (please check and describe): |
| Non-Vehicular Incident | Signage _____ Broken Pavement _____ Animal(s) _____ Landscaping _____ Railroad Tracks _____ Road Hazard _____ (please describe) Other _____ Please describe what occurred: |
| E | Please include any additional comments such as what can be done to prevent this incident from occurring again: He will ride w/ traffic & flow I suggested he be more defensive a more back so he can watch him vehicle of car & is not in circles Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Website for Bike/Ped. Task Force www.bikepedtaskforce.com

Bicycle Incident Report

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|--|---|
| A General Info | Today's Date: <u>8-5-05</u> Name: <u>Tony Bell</u> Address: <u>234 Walnut Creek Rd Fletcher</u> Phone: <u>681-1886</u> Email: <u>fbell@centralumc.org</u> Are you a: Commuter <input type="checkbox"/> , Recreational Rider <input checked="" type="checkbox"/> , Racer <input type="checkbox"/> , Other <input type="checkbox"/> (please describe): Date of Incident: <u>8/5/05</u> Street Name: <u>Hoopers Creek Rd / Terrys Gap (Intersection)</u> Time of Day: <u>am</u> <u>X</u> pm Weather Conditions: <u>Sunny/day</u> Were you riding alone? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Number of lanes on street: <u>2</u> Bike lane: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sidewalk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Lighting Condition: dusk <input type="checkbox"/> , dawn <input checked="" type="checkbox"/> , daylight <input checked="" type="checkbox"/> , darkness with street lighting <input type="checkbox"/> , darkness with out street lighting <input type="checkbox"/> , other <input type="checkbox"/> Traffic Volume: none <input type="checkbox"/> , light <input checked="" type="checkbox"/> , moderate <input type="checkbox"/> , heavy <input type="checkbox"/> <u>2 cars</u> Road Configuration: one way <input type="checkbox"/> , two way <input checked="" type="checkbox"/> , Divided Highway <input type="checkbox"/> Road Feature: 4-way intersection <input type="checkbox"/> , T-intersection <input checked="" type="checkbox"/> , side street <input type="checkbox"/> , private drive <input type="checkbox"/> , parking lot <input type="checkbox"/> , railroad crossing <input type="checkbox"/> , hill crest <input type="checkbox"/> , blind curve <input type="checkbox"/> , other <input type="checkbox"/> (please describe) You were: riding with traffic <input type="checkbox"/> , stopped at an intersection <input type="checkbox"/> , making left turn <input type="checkbox"/> , making right turn <input checked="" type="checkbox"/> riding against traffic <input type="checkbox"/> , other <input type="checkbox"/> (please describe) You were located: shoulder <input type="checkbox"/> , sidewalk <input type="checkbox"/> , bike lane <input type="checkbox"/> , right third of lane <input checked="" type="checkbox"/> , center of lane <input type="checkbox"/> , left third of lane <input type="checkbox"/> Equipment: headlight <input type="checkbox"/> , tail light <input type="checkbox"/> , reflector <input type="checkbox"/> , vest/banner <input type="checkbox"/> , other <input type="checkbox"/> Did you file a police report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type of Report: Accident <input type="checkbox"/> , Offense <input type="checkbox"/> Report #: <input type="text"/> Was this Incident involving a vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, proceed through section C. If no, go to section D |
| B Incident Info | Please describe the incident: <u>Oncoming car decided to beat me! car to the turn (but we arrived in same location at same time) - they should have waited their turn</u> Please describe any information about the vehicle: <u>Red ford pick-up truck (4x4) other / some rust (did not stop)</u> <u>Did not get license - car behind continued going straight</u> Please describe any information about the driver (sex, approximate age, etc.): <u>Male, 50s, ffa facia / features</u> |
| C Incident Involving another Vehicle | Please describe the incident: <u>Oncoming car decided to beat me! car to the turn (but we arrived in same location at same time) - they should have waited their turn</u> Please describe any information about the vehicle: <u>Red ford pick-up truck (4x4) other / some rust (did not stop)</u> <u>Did not get license - car behind continued going straight</u> Please describe any information about the driver (sex, approximate age, etc.): <u>Male, 50s, ffa facia / features</u> |

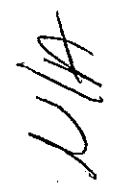
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| D | The non-vehicular incident involved (please check and describe): |
| Non-Vehicular | Signage _____ |
| Vehicular | Broken Pavement _____ |
| Incident | Animal(s) _____ |
| | Landscaping _____ |
| | Railroad Tracks _____ |
| | Road Hazard _____ (please describe) |
| | Other _____ |
| | Please describe what occurred: |
| | |
| | |
| E | Please include any additional comments such as what can be done to prevent this incident from occurring again: |
| Additional Info | Some drivers are simply impatient. |
| | Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Website for Bike/Ped. Task Force www.bikepedtaskforce.com

~~I~~ ride these roads often; this is the first incident of this kind to me here.

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

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|---|--|
| A General Info | Today's Date: <u>Nov 01 2005</u> Name: <u>Michael H. Mordern</u> Address: <u>194 Cottage Ridge Rd. Fletcher, NC 28732</u> Phone: <u>826-687-7393</u> Email: <u>mpmushoop@hchs1.com</u> Are you a: Commuter <input type="checkbox"/> Recreational Rider <input checked="" type="checkbox"/> Racer <input type="checkbox"/> Other <input type="checkbox"/> (please describe): |
| B Incident Info | Date of Incident: <u>Aug. 26 2005</u> Street Name: <u>Burkey Mountain Rd / Hills Gap Rd.</u> Time of Day: <u>12:00</u> <u>am</u> <u>pm</u> Weather Conditions: <u>Good</u> Were you riding alone? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Number of lanes on street: <u>(2) Two</u> Bike lane: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sidewalk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Lighting Condition: dusk <input type="checkbox"/> dawn <input type="checkbox"/> daylight <input checked="" type="checkbox"/> darkness with street lighting <input type="checkbox"/> darkness with out street lighting <input type="checkbox"/> other <input type="checkbox"/> Traffic Volume: none <input type="checkbox"/> light <input checked="" type="checkbox"/> moderate <input type="checkbox"/> heavy <input type="checkbox"/> Road Configuration: one way <input type="checkbox"/> two way <input checked="" type="checkbox"/> Divided Highway <input type="checkbox"/> Road Feature: 4-way intersection <input type="checkbox"/> T-intersection <input checked="" type="checkbox"/> side street <input type="checkbox"/> private drive <input type="checkbox"/> parking lot <input type="checkbox"/> railroad crossing <input type="checkbox"/> hill crest <input type="checkbox"/> blind curve <input type="checkbox"/> other <input type="checkbox"/> (please describe) You were: riding with traffic <input checked="" type="checkbox"/> stopped at an intersection <input type="checkbox"/> making left turn <input type="checkbox"/> making right turn <input checked="" type="checkbox"/> riding against traffic <input type="checkbox"/> other <input type="checkbox"/> (please describe) You were located: shoulder <input type="checkbox"/> sidewalk <input type="checkbox"/> bike lane <input type="checkbox"/> right third of lane <input checked="" type="checkbox"/> center of lane <input type="checkbox"/> left third of lane <input type="checkbox"/> Equipment: headlight <input type="checkbox"/> tail light <input type="checkbox"/> reflector <input checked="" type="checkbox"/> vest/banner <input type="checkbox"/> other <input type="checkbox"/> Did you file a police report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type of Report: Accident <input type="checkbox"/> Offense <input type="checkbox"/> Report #: <input type="checkbox"/> Was this Incident involving a vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, proceed through section C. If no, go to section D Please describe the incident: <u>Vehicle passed rider on left - Continued to intersection - @ Stop Sign - but on left turn signal & turned right as rider was attempting to turn - rider went into ditch & was thrown from bicycle - Driver of vehicle was talking on cell phone & did not stop to assist -</u> Please describe any information about the vehicle: |
| C Incident Involving another Vehicle | Please describe any information about the driver (sex, approximate age, etc.) <div style="text-align: center;">  11/11 </div> |

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| | D The non-vehicular incident involved (please check and describe): Non- Vehicular Incident |
| Signage _____ Broken Pavement _____ Animal(s) _____ Landscaping _____ Railroad Tracks _____ Road Hazard _____ (please describe) Other _____ Please describe what occurred: | |
| E Please include any additional comments such as what can be done to prevent this incident from occurring again: Additional Info | Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Vehicle Driver in HURRLES OF THOSE THEY SHARE ROADWAYS - MOST
 IMPORTANT BETTER ROAD CONDITIONS FOR CYCLISTS -
 Website for Bike/Ped. Task Force www.bikepedtaskforce.com

Bicycle Incident Report

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| A General Info | Today's Date: <u>Tues, April 18, 2006</u> Name: <u>Claudia Nye</u> Address: _____ Phone: _____ Email: _____ Are you a: Commuter <input type="checkbox"/> , Recreational Rider <input checked="" type="checkbox"/> , Racer <input type="checkbox"/> , Other <input type="checkbox"/> (please describe): _____ |
| B Incident Info | Date of Incident: <u>today</u> Street Name: <u>Blue Ridge Parkway</u> Give landmarks for location <u>between Hwy 74 & 25</u> Time of Day: _____ am _____ pm Weather Conditions: <u>Sunny</u> Were you riding alone? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> in group Number of lanes on street: <u>2</u> Bike lane: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sidewalk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Lighting Condition: dusk <input type="checkbox"/> , dawn <input type="checkbox"/> , daylight <input checked="" type="checkbox"/> , darkness with street lighting <input type="checkbox"/> , darkness with out street lighting <input type="checkbox"/> , other <input type="checkbox"/> Traffic Volume: none <input type="checkbox"/> , light <input checked="" type="checkbox"/> , moderate <input type="checkbox"/> , heavy <input type="checkbox"/> Road Configuration: one way <input type="checkbox"/> , two way <input checked="" type="checkbox"/> , Divided Highway <input type="checkbox"/> Road Feature: 4-way intersection <input type="checkbox"/> , T-intersection <input type="checkbox"/> , side street <input type="checkbox"/> , private drive <input type="checkbox"/> , parking lot <input type="checkbox"/> , railroad crossing <input type="checkbox"/> , hill crest <input type="checkbox"/> , blind curve <input type="checkbox"/> , other <input type="checkbox"/> (please describe) You were: riding with traffic <input checked="" type="checkbox"/> , stopped at an intersection <input type="checkbox"/> , making left turn <input type="checkbox"/> , making right turn <input type="checkbox"/> , riding against traffic <input type="checkbox"/> , other <input type="checkbox"/> (please describe) You were located: shoulder <input type="checkbox"/> , sidewalk <input type="checkbox"/> , bike lane <input type="checkbox"/> , right third of lane <input checked="" type="checkbox"/> , center of lane <input type="checkbox"/> , left third of lane <input type="checkbox"/> Equipment: headlight <input type="checkbox"/> , tail light <input type="checkbox"/> , reflector <input type="checkbox"/> , vest/banner <input type="checkbox"/> , other <input type="checkbox"/> Did you file a police report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type of Report: Accident <input type="checkbox"/> , Offense <input type="checkbox"/> Report #: _____ |
| C Incident Involving another Vehicle | Was this Incident involving a vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, proceed through section C. If no, go to section D Please describe the incident: <u>me a hit my rear wheel passenger of moving car thru fuel bottle of MA beer at</u> <u>me a hit my rear wheel</u> Please describe any information about the vehicle: <u>Older burgundy Stone Ford LTD or Mercury</u> Please describe any information about the driver (sex, approximate age, etc.): |

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| D | The non-vehicular incident involved (please check and describe): |
| Non- | Signage _____ |
| Vehicular | Broken Pavement _____ |
| Incident | Animal(s) _____ |
| | Landscaping _____ |
| | Railroad Tracks _____ |
| | Road Hazard _____ (please describe) |
| | Other _____ |
| | Please describe what occurred: |
| | |
| E | Please include any additional comments such as what can be done to prevent this incident from occurring again: |
| Additional Info | Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Website for Bike/Ped. Task Force www.bikepedtaskforce.com

Please return this form to: *Claudia Nix*
Liberty Bicycles, Inc.
1318 Hendersonville Hwy,
Asheville, NC 28803

Bicycle Incident Report

BRK with note

A General Info

Today's Date: 1/4/06
 Name: Charlie Read
 Address: PO Box 308, 38 Sutton Knob Road, Candler, NC 28715
 Phone: 828 670 1933
 Email: csread@mindspring.com

Are you a: Commuter ☐, Recreational Rider ☒ X, Racer ☐,
 Other ☐ (please specify)

B Incident Info

Date of Incident: 1/1/06
 Street Name: Hwy 151 (Pisgah Hwy) at Robs Roost road
 Time of Day: 3:30 PM
 Weather Conditions: clear, sunny, 55 degrees

Were you riding alone? Yes ☒ X No ☐
 Number of lanes on street: 2

Bike Lane? Yes ☐ No ☒ X

Sidewalk? Yes ☐ No ☒ X

Lighting Condition: dusk ☐, dawn ☐, daylight ☒ X, darkness w/street lighting ☐, darkness without street lighting ☐

Traffic Volume: none ☐ X, light ☐, moderate ☐, heavy ☐

Road Configuration: one way ☐, two way ☒ X, divided highway ☐

Road Feature: 4-way intersection ☐, T-intersection ☐, side street ☐, private drive ☐, parking lot ☐, railroad crossing ☐, hill crest ☐, blind curve ☐, other (please describe): straight road, driveway and

side street connections

You were: riding with traffic ☒ X, stopped at intersection ☐, making left turn ☐, making right turn ☐, riding against traffic ☐, other (please specify)

You were located: shoulder ☐, sidewalk ☐, bike lane ☐, right third of lane ☒ X, center of lane ☐, left third of lane ☐

Equipment: headlight ☒ X, tail light ☐, reflector ☐, vest/banner ☐, other ☐

*Before camp ground
 1/2 before climb
 Animal control is 5 min str
 could not verify and shot
 BIK lab / Chow mix
 and dog incident w/
 this dog Now dead*

*pack of
 6 or 8 dogs*

Did you file a police report? Yes ☐ No ☐ Type of Report: _____, Offense _____, Report # _____ other: reported to Animal Control _____

Was this Incident involving a vehicle? Yes ☐ No ☐ If yes proceed through section C. If no, go to section D.

Please describe the incident:

C
Incident
Involving
another
Vehicle

Please describe any information about the vehicle:

Please describe any information about the driver (sex, approximate age, etc.):

D
Non-
Vehicular
Incident

The non-vehicular incident involved (please check and describe):

Signage _____

Broken Pavement _____

Animal(s) _____ dogs _____

Landscaping _____

Railroad Tracks _____

Road Hazard _____ (please describe) _____

Other _____

Please describe what occurred: 2 dogs attacked from left. One dog bit left ankle & I stopped & laid on road, then pepper sprayed the dog who was still nearby. I limped to nearest residence & called spouse. While waiting, dog attacked 2nd time & inflicted minor bite. I got on bike & left immediate area, met spouse, was driven to ER, treated & released. Reported event to Animal Control (required) while at ER. Could not verify complete rabies shot record and at this time may have to get a series of rabies shots.

Please include any additional comments such as what can be done to prevent this incident from occurring again: I have had constant problems over the years with dogs at this spot and others in Upper Hominy Area. I am 2nd cyclist in 2-3 months to be bit by this particular dog. This dog (Max) was an immediate threat to anyone in the area and was shot & killed by a local resident after this event. I will work with Animal control, Sheriff, BRBC, to lessen dog problem in this area. I would hope that efforts to lessen loose & stray dogs would receive priority, as in my experience represent the **greatest** deterrent & threat to safe use and free access to public roads for pedestrian, cyclists, even motorcycles and other vehicles.

Local residents were helpful and cooperative initially, and assisted me after the injury, made shot records that did exist available, and eliminated the threat their own way. However, efforts to inform residents that loose animals are a danger to them as well as citizens using the road, and incidents like this have physical injury, health, legal AND financial results for residents as well as cyclists/pedestrians/etc.

Additional
E
Info

Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes _____ No _____ already do _____

Please remit to: Claudia Nix at Liberty Bicycles, Inc. 1378 Hendersonville Hwy, Asheville, NC 28803.

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

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| A General Info | Today's Date: 6-12-07 Name: VAL SMITH Address: 298 WOODY LANE, ASHEVILLE, NC 28804 Phone: 658-9938 Email: xmandval@verizon.net Are you a: Commuter __, Recreational Rider <input checked="" type="checkbox"/> , Racer __, Other __ (please describe): Date of Incident: 6-7-07 |
| B Incident Info | Give Street name and landmarks for location on road: 710 OLD MARS HILL HWY - GOING NORTH, 1ST HOUSE ON LEFT AFTER DOCUMENT ROAD Time of Day: NOON am pm Weather Conditions: clear + dry Were you riding alone? Yes __, No <input checked="" type="checkbox"/> Number of lanes on street: 2 Bike lane: Yes __, No <input checked="" type="checkbox"/> Sidewalk: Yes __, No <input checked="" type="checkbox"/> Lighting Condition: dusk __, dawn __, daylight <input checked="" type="checkbox"/> , darkness with street lighting __, darkness with out street lighting __, other __ Traffic Volume: none <input checked="" type="checkbox"/> , light __, moderate __, heavy __ Road Configuration: one way __, two way <input checked="" type="checkbox"/> , Divided Highway __ Road Feature: 4-way intersection __, T-intersection __, side street __, private drive __, parking lot __, railroad crossing __, hill crest __, blind curve __, other __ (please describe) You were: riding with traffic <input checked="" type="checkbox"/> , stopped at an intersection __, making left turn __, making right turn __, riding against traffic __, other __ (please describe) You were located: shoulder __, sidewalk __, bike lane __, right third of lane <input checked="" type="checkbox"/> , center of lane __, left third of lane __ Equipment: headlight __, tail light __, reflector __, vest/banner __, other __ Did you file a police report? Yes <input checked="" type="checkbox"/> , No __ Type of Report: Accident __, Offense __ Report #: REPORTED TO ANIMAL CONTROL Was this Incident involving a vehicle? Yes __, No <input checked="" type="checkbox"/> If yes, proceed through section C. If no, go to section D Please describe the incident: |
| C Incident Involving another Vehicle | Please describe any information about the vehicle: Please describe any information about the driver (sex, approximate age, etc.): |

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| D Non-Vehicular Incident | The non-vehicular incident involved (please check and describe): Signage _____ Broken Pavement _____ Animal(s) <input checked="" type="checkbox"/> VICIOUS DOG ATTACK Landscaping _____ Railroad Tracks _____ Road Hazard _____ (please describe) Other _____ Please describe what occurred: DOG HIT ME SO FAST I DIDN'T SEE HER COMING. SHE BIT ME TWICE BUT COULDN'T GET HER TEETH INTO MY SHOE. SHE'S MEDIUM-SIZED, TAN WITH WHITE FRONT FEET, MIXED-BREED (POSSIBLY PART PIT BULL) - NO COLLAR, NO RABIES TAG, OBVIOUSLY HAS PUPPIES. SHE IS REALLY VICIOUS - DIDN'T BARK, JUST LOTS OF SNARLING + GROWLING. SHE DID NOT CHASE - MAY JUST BE PROTECTING HER PROPERTY. |
| E Additional Info | Please include any additional comments such as what can be done to prevent this incident from occurring again: Reported to Animal Control (Lawrence Co.). They talked to dog owners on 6/8 and were told dog had dug out from under fence and would be confined again. Do not believe this is true because we saw the dog loose about 2 weeks ago. Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input checked="" type="checkbox"/> No _____ |

Please return to: Incident Report c/o Liberty Bicycles, Inc. 13 78 Hendersonville Hwy. Asheville, NC 28803

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

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|---|--|
| A | Today's Date: <u>8/3/2005</u> Name: <u>STEWART YOUNG</u> |
| General Info | Address: <u>8 WOODLEY AVE</u> Phone: <u>888 301 3272</u> Email: <u>STEW@DAYWORKS.COM</u> |
| | Are you a: Commuter <input checked="" type="checkbox"/> , Recreational Rider <input checked="" type="checkbox"/> , Racer <input type="checkbox"/> , Other <input type="checkbox"/> (please describe): |
| B | Date of Incident: <u>8/3/2005</u> |
| Incident Info | Street Name: <u>OLD TOLL</u> |
| | Time of Day: <u>(7:15 am) pm</u> |
| | Weather Conditions: <u>DRY</u> |
| | Were you riding alone? Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> |
| | Number of lanes on street: <u>2</u> |
| | Bike lane: Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> |
| | Sidewalk: Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> |
| | Lighting Condition: dusk <input type="checkbox"/> , dawn <input checked="" type="checkbox"/> , daylight <input type="checkbox"/> , darkness with street lighting <input type="checkbox"/> , darkness with out street lighting <input type="checkbox"/> , other <input type="checkbox"/> |
| | Traffic Volume: none <input checked="" type="checkbox"/> , light <input type="checkbox"/> , moderate <input type="checkbox"/> , heavy <input type="checkbox"/> |
| | Road Configuration: one way <input type="checkbox"/> , two way <input checked="" type="checkbox"/> , Divided Highway <input type="checkbox"/> |
| | Road Feature: 4-way intersection <input type="checkbox"/> , T-intersection <input type="checkbox"/> , side street <input checked="" type="checkbox"/> , private drive <input type="checkbox"/> , parking lot <input type="checkbox"/> , railroad crossing <input type="checkbox"/> , hill crest <input type="checkbox"/> , blind curve <input checked="" type="checkbox"/> |
| | other (please describe) |
| | You were: riding with traffic <input checked="" type="checkbox"/> , stopped at an intersection <input type="checkbox"/> , making left turn <input type="checkbox"/> , making right turn <input type="checkbox"/> , riding against traffic <input type="checkbox"/> |
| | other (please describe) |
| | You were located: shoulder <input type="checkbox"/> , sidewalk <input type="checkbox"/> , bike lane <input type="checkbox"/> , right third of lane <input type="checkbox"/> , center of lane <input checked="" type="checkbox"/> , left third of lane <input type="checkbox"/> |
| | Equipment: headlight <input type="checkbox"/> , tail light <input checked="" type="checkbox"/> , reflector <input type="checkbox"/> , vest/banner <input type="checkbox"/> , other <input type="checkbox"/> |
| | Did you file a police report? Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> Type of Report: Accident <input type="checkbox"/> , Offense <input type="checkbox"/> Report #: |
| C | Was this Incident involving a vehicle? Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> If yes, proceed through section C. If no, go to section D |
| Incident Involving another Vehicle | Please describe the incident: |
| | <p>CAR TURNING OUT OF DRIVE ON BLIND CURVE.</p> |
| | Please describe any information about the vehicle: |
| | <p>LARGE CAR</p> |
| | Please describe any information about the driver (sex, approximate age, etc.) |
| | <p>MALE / 160 YEARS.</p> |

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| D | The non-vehicular incident involved (please check and describe): |
| Non- | Signage _____ |
| Vehicular | Broken Pavement _____ |
| Incident | Animal(s) _____ |
| | Landscaping _____ |
| | Railroad Tracks _____ |
| | Road Hazard _____ (please describe) |
| | Other _____ |
| | Please describe what occurred: |
| E Additional Info | <p>Please include any additional comments such as what can be done to prevent this incident from occurring again:</p> <p>PEDESTRIAN MISC ON TRUCK RST BEHIND DRIVE FOR RESIDENT # TRAFFIC</p> <p>Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

Website for Bike/Ped. Task Force www.bikepedtaskforce.com

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

Had DOT fix grate

| | |
|---|---|
| A General Info | Today's Date: <u>3/2/07</u> Name: <u>Jordan Cohen</u> Address: <u>40 Rhododendron Dr.</u> Phone: <u>828-684-9550</u> Email: _____ Are you a: Commuter <input type="checkbox"/> , Recreational Rider <input checked="" type="checkbox"/> , Racer <input type="checkbox"/> , Other _____ (please describe): _____ |
| B Incident Info | Date of Incident: <u>12/9/06</u> Street Name: <u>Tanner Rd</u> Give landmarks _____ Time of Day: <u>11:30</u> am pm Weather Conditions: <u>Good</u> Were you riding alone? Yes <input checked="" type="checkbox"/> , No _____ Number of lanes on street: <u>4</u> Bike lane: Yes <input checked="" type="checkbox"/> , No _____ Sidewalk: Yes <input checked="" type="checkbox"/> , No _____ Lighting Condition: dusk _____, dawn _____, daylight <input checked="" type="checkbox"/> , darkness with street lighting _____, darkness with out street lighting _____, other _____ Traffic Volume: none _____, light <input checked="" type="checkbox"/> , moderate _____, heavy _____ Road Configuration: one way _____, two way <input checked="" type="checkbox"/> , Divided Highway _____ Road Feature: 4-way intersection _____, T-intersection _____, side street _____, private drive _____, parking lot _____, railroad crossing <input checked="" type="checkbox"/> , hill crest <input checked="" type="checkbox"/> , blind curve _____, other _____ (please describe) _____ You were: riding with traffic <input checked="" type="checkbox"/> , stopped at an intersection _____, making left turn _____, making right turn _____, riding against traffic _____, other _____ (please describe) _____ You were located: shoulder <input checked="" type="checkbox"/> , sidewalk <input checked="" type="checkbox"/> , bike lane _____, right third of lane _____, center of lane _____, left third of lane _____ Equipment: headlight <input checked="" type="checkbox"/> , tail light <input checked="" type="checkbox"/> , reflector <input checked="" type="checkbox"/> , vest/banner _____, other _____ Did you file a police report? Yes _____, No <input checked="" type="checkbox"/> Type of Report: Accident _____, Offense _____ Report #: _____ Was this Incident involving a vehicle? Yes _____, No <input checked="" type="checkbox"/> If yes, proceed through section C. If no, go to section D |
| C Incident Involving another Vehicle | Please describe the incident: <u>The sewer storm water run-off drain grate was sunk below grade. I hit the grate and flipped over</u> Please describe any information about the vehicle: <u>the handlebars breaking both wrists and the left elbows</u> Please describe any information about the driver (sex, approximate age, etc.): _____ |

| | | |
|----------------------------|--|---|
| D - Non-Vehicular Incident | The non-vehicular incident involved (please check and describe): | |
| | Signage | <input checked="" type="checkbox"/> |
| | Broken Pavement | <input checked="" type="checkbox"/> |
| | Animal(s) | |
| | Landscaping | |
| | Railroad Tracks | |
| | Road Hazard | <input checked="" type="checkbox"/> (please describe) Storm water run-off grate |
| | Other | |
| | Please describe what occurred: | |
| | | |
| E Additional Info | Please include any additional comments such as what can be done to prevent this incident from occurring again: Perhaps, the drains that are below street level can be regraded. | |
| | Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

Please return to: Incident Report c/o Liberty Bicycles, Inc. 13 78 Hendersonville Hwy. Asheville, NC 28803

Bicycle Incident Report

Please fill out one report per incident occurrence, and fill in as much information as possible

| | |
|---|---|
| A | <p>Today's Date: <u>10/24</u></p> <p>Name: <u>Stephanie Grant</u></p> <p>Address: <u>521 Riceville Rd. D-313</u></p> <p>Phone: <u>828.280.2652</u></p> <p>Email: _____</p> <p>Are you a: Commuter <input checked="" type="checkbox"/>, Recreational Rider <input checked="" type="checkbox"/>, Racer <input checked="" type="checkbox"/>, Other <input checked="" type="checkbox"/> (please describe): _____</p> |
| B | <p>Date of Incident: <u>10/23</u></p> <p>Street Name: <u>Riceville Rd.</u></p> <p>Time of Day: <u>6:00</u> am <input checked="" type="checkbox"/> pm</p> <p>Weather Conditions: <u>Clear</u></p> <p>Were you riding alone? Yes <input checked="" type="checkbox"/> No _____</p> <p>Number of lanes on street: <u>2</u></p> <p>Bike lane: Yes _____, No <input checked="" type="checkbox"/></p> <p>Sidewalk: Yes _____, No <input checked="" type="checkbox"/></p> <p>Lighting Condition: dusk _____, dawn _____, daylight <input checked="" type="checkbox"/>, darkness with street lighting _____, darkness with out street lighting _____, other _____</p> <p>Traffic Volume: none _____, light _____, moderate <input checked="" type="checkbox"/>, heavy _____</p> <p>Road Configuration: one way _____, two way <input checked="" type="checkbox"/> Divided Highway _____</p> <p>Road Feature: 4-way intersection _____, T-intersection _____, side street <input checked="" type="checkbox"/>, private drive _____, parking lot _____, railroad crossing _____, hill crest _____, blind curve _____, other _____ (please describe) _____</p> <p>You were: riding with traffic <input checked="" type="checkbox"/>, stopped at an intersection _____, making left turn _____, making right turn _____, riding against traffic _____, other _____ (please describe) _____</p> <p>You were located: shoulder <input checked="" type="checkbox"/>, sidewalk _____, bike lane _____, right third of lane _____, center of lane _____, left third of lane _____</p> <p>Equipment: headlight _____, tail light _____, reflector <input checked="" type="checkbox"/>, vest/banner _____, other _____</p> <p>Did you file a police report? Yes _____, No <input checked="" type="checkbox"/> Type of Report: Accident _____, Offense _____ Report #: _____</p> <p>Was this incident involving a vehicle? Yes <input checked="" type="checkbox"/>, No _____ If yes, proceed through section C. If no, go to section D</p> |
| C | <p>Please describe the incident:</p> <p><u>Fog horn blown many ear as vehicle</u></p> <p>Please describe any information about the vehicle:</p> <p><u>Silver Ford Escape</u></p> <p>Please describe any information about the driver (sex, approximate age, etc.):</p> <p><u>Driver - female</u></p> |

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| D | The non-vehicular incident involved (please check and describe): |
| Non-Vehicular Incident | Signage _____ Broken Pavement _____ Animal(s) _____ Landscaping _____ Railroad Tracks _____ Road Hazard _____ (please describe) Other _____ Please describe what occurred: |
| E Additional Info | Please include any additional comments such as what can be done to prevent this incident from occurring again: Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes ___ No ___ |

Website for Bike/Red Task Force www.bikeptaskforce.com

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

| | |
|---|--|
| A General Info | Today's Date: <u>Dec 5, 2005</u> Jan. 26, 2006 Name: <u>Allan D. Frank</u> Address: <u>16 creek side</u> Phone: <u>(878) 258-2087</u> Email: <u>daniel6541@cs.com</u> Are you a: Commuter <input checked="" type="checkbox"/> , Recreational Rider <input checked="" type="checkbox"/> , Racer <input type="checkbox"/> , Other <input checked="" type="checkbox"/> (please describe): <u>At Bicycle is primary transport</u> |
| B Incident Info | Date of Incident: <u>Dec 5, 2005</u> Street Name: <u>Riverside Dr</u> Time of Day: <u>4:30</u> am <input checked="" type="checkbox"/> pm Weather Conditions: <u>Clear</u> Were you riding alone? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Number of lanes on street: <u>2</u> Bike lane: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sidewalk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Lighting Condition: dusk <input type="checkbox"/> , dawn <input type="checkbox"/> , daylight <input checked="" type="checkbox"/> darkness with street lighting <input type="checkbox"/> darkness with out street lighting <input type="checkbox"/> other <input type="checkbox"/> Traffic Volume: none <input type="checkbox"/> light <input checked="" type="checkbox"/> moderate <input type="checkbox"/> heavy <input type="checkbox"/> Road Configuration: one way <input type="checkbox"/> , two way <input checked="" type="checkbox"/> Divided Highway <input type="checkbox"/> Road Feature: 4-way intersection <input type="checkbox"/> T-intersection <input type="checkbox"/> side street <input type="checkbox"/> private drive <input type="checkbox"/> parking lot <input type="checkbox"/> railroad crossing <input type="checkbox"/> hill crest <input type="checkbox"/> blind curve <input type="checkbox"/> other (please describe) _____ You were: riding with traffic <input checked="" type="checkbox"/> stopped at an intersection <input type="checkbox"/> making left turn <input type="checkbox"/> making right turn <input type="checkbox"/> riding against traffic <input type="checkbox"/> other (please describe) _____ You were located: shoulder <input type="checkbox"/> sidewalk <input type="checkbox"/> bike lane <input type="checkbox"/> right third of lane <input checked="" type="checkbox"/> center of lane <input type="checkbox"/> left third of lane <input type="checkbox"/> Equipment: headlight <input type="checkbox"/> tail light <input type="checkbox"/> reflector <input type="checkbox"/> vest/banner <input type="checkbox"/> other <input type="checkbox"/> Did you file a police report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type of Report: Accident <input type="checkbox"/> Offense <input type="checkbox"/> Report #: _____ Was this incident involving a vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, proceed through section C. If no, go to section D |
| C Incident Involving another Vehicle | Please describe the incident: <u>me - passenger, threw a rock into my back. Knocked wind out of me and I had to struggle to keep control of bicycle. Truck sped up after rock was thrown.</u> Please describe any information about the vehicle: <u>Gray pick-up truck, long bed.</u> |
| Please describe any information about the driver (sex, approximate age, etc.) | |

| | |
|-----------------|--|
| D | <p>The non-vehicular incident involved (please check and describe):</p> <p>Signage _____</p> <p>Broken Pavement _____</p> <p>Animal(s) _____</p> <p>Landscaping _____</p> <p>Railroad Tracks _____</p> <p>Road Hazard _____ (please describe)</p> <p>Other _____</p> <p>Please describe what occurred:</p> |
| E | <p>Please include any additional comments such as what can be done to prevent this incident from occurring again:</p> <p>Be more watchful especially checking mirror. Be aware of pick-up trucks driven by young white males.</p> |
| Additional Info | <p>Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Website for Bike/Ped. Task Force www.abptaskforce.com</p> |

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

| | |
|--|--|
| A General Info | Today's Date: 02/22/07 Name: Rigel Pawlak Address: 177 S Liberty St. Asheville NC 28801 Phone: (828) 242-0898 Email: rigel@rigelpawlak.com Are you a: Commuter __, Recreational Rider __, Racer __, Other <u>✓</u> (please describe): former commuter, night commuter again Date of Incident: approx 03/15/05 |
| B Incident Info | Street Name: Broadway Give landmarks Time of Day: X am __ pm approx 3 am Weather Conditions: light rain Were you riding alone? Yes <u>X</u> , No __ Number of lanes on street: two Bike lane: Yes __, No <u>X</u> Sidewalk: Yes <u>X</u> , No __ Lighting Condition: dusk __, dawn __, daylight __, darkness with street lighting __, darkness with out street lighting <u>X</u> , other __ Traffic Volume: none <u>X</u> , light __, moderate __, heavy __ except for the one car Road Configuration: one way __, two way __, Divided Highway <u>X</u> , divided road Road Feature: 4-way intersection __, T-intersection __, side street __, private drive __, parking lot __, railroad crossing __, hill crest __, blind curve __, other __ (please describe) You were: riding with traffic <u>X</u> , stopped at an intersection __, making left turn __, making right turn __, riding against traffic __, other __ (please describe) You were located: shoulder __, sidewalk __, bike lane <u>X</u> , right third of lane __, center of lane __, left third of lane __ Equipment: headlight __, tail light __, reflector __, vest/banner __, other <u>None</u> Did you file a police report? Yes <u>X</u> , No __ Type of Report: Accident <u>X</u> , Offense __ Report #: <u>NA</u> Was this incident involving a vehicle? Yes <u>X</u> , No __ If yes, proceed through section C. If no, go to section D Please describe the incident: I had no light, reflectors, or helmet. Light rain, no street lights, Driver did not see me. Car went over the bike. My head broke the windshield. The glass cut up my face. The back of my head needed staples. My ankle fractured. Nose broke, teeth messed up... still working on a lawsuit. Not a lot of hope. For my complete lack of precautions. |
| C Incident Involving another Vehicle | Please describe any information about the vehicle: Small truck - I think. I never saw it. |
| Please describe any information about the driver (sex, approximate age, etc.): | |

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| | |
| D The non-vehicular incident involved (please check and describe): | |
| Non-Vehicular Incident | |
| Signage _____ | |
| Broken Pavement _____ | |
| Animal(s) _____ | |
| Landscaping _____ | |
| Railroad Tracks _____ | |
| Road Hazard _____ (please describe) | |
| Other _____ | |
| Please describe what occurred: | |
| E Additional Info | Please include any additional comments such as what can be done to prevent this incident from occurring again: helmet, lights, reflectors, vest, and street lights, bike lanes |
| Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

Please return to:
 Incident Report
 40 Liberty Bicycles, Inc,
 1378 Hendersonville Hwy.
 Asheville, NC 28803

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

| | |
|---|--|
| A | <p>Today's Date: <u>7/5/08</u></p> <p>Name: <u>SPENCER BUTLER</u></p> <p>Address: <u>30 BEVLING DRIVE - ASHEVILLE NC 28803</u></p> <p>Phone: <u>776-2030</u></p> <p>Email: <u>butler@cfwnc.org</u></p> <p>Are you a: Commuter <input type="checkbox"/>, Recreational Rider <input checked="" type="checkbox"/>, Racer <input type="checkbox"/>, Other <input type="checkbox"/> (please describe):</p> <p>Date of Incident: <u>7/3/08</u></p> |
| B | <p>Street Name: <u>BUVER ROAD</u></p> <p>Time of Day: <u>approx 7 am</u> pm</p> <p>Weather Conditions: <u>dry</u></p> <p>Were you riding alone? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Number of lanes on street: <u>2</u></p> <p>Bike lane: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Sidewalk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Lighting Condition: dusk <input type="checkbox"/>, dawn <input type="checkbox"/>, daylight <input checked="" type="checkbox"/>, darkness with street lighting <input type="checkbox"/>, darkness with out street lighting <input type="checkbox"/>, other <input type="checkbox"/></p> <p>Traffic Volume: none <input type="checkbox"/>, light <input checked="" type="checkbox"/>, moderate <input type="checkbox"/>, heavy <input type="checkbox"/></p> <p>Road Configuration: one way <input type="checkbox"/>, two way <input checked="" type="checkbox"/> Divided Highway <input type="checkbox"/></p> <p>Road Feature: 4-way intersection <input type="checkbox"/>, T-intersection <input type="checkbox"/>, side street <input type="checkbox"/>, private drive <input type="checkbox"/>, parking lot <input type="checkbox"/>, railroad crossing <input checked="" type="checkbox"/> hill crest <input type="checkbox"/>, blind curve <input type="checkbox"/>, other <input type="checkbox"/> (please describe)</p> <p>You were: riding with traffic <input checked="" type="checkbox"/> stopped at an intersection <input type="checkbox"/>, making left turn <input type="checkbox"/>, making right turn <input type="checkbox"/>, riding against traffic <input type="checkbox"/>, other <input type="checkbox"/> (please describe)</p> <p>You were located: shoulder <input type="checkbox"/>, sidewalk <input type="checkbox"/>, bike lane <input type="checkbox"/>, right third of lane <input type="checkbox"/>, center of lane <input checked="" type="checkbox"/> left third of lane <input type="checkbox"/></p> <p>Equipment: headlight <input type="checkbox"/>, tail light <input type="checkbox"/>, reflector <input type="checkbox"/>, vest/banner <input type="checkbox"/>, other <input type="checkbox"/></p> <p>Did you file a police report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type of Report: Accident <input type="checkbox"/>, Offense <input type="checkbox"/> Report #: <u> </u></p> <p>Was this Incident involving a vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, proceed through section C. If no, go to section D</p> <p>Please describe the incident:</p> |
| C | <p>Incident Involving another Vehicle</p> <p>Please describe any information about the vehicle:</p> <p>Please describe any information about the driver (sex, approximate age, etc.):</p> |

| | |
|------------------------|---|
| D | The non-vehicular incident involved (please check and describe): |
| Non-Vehicular Incident | Signage _____ Broken Pavement _____ Animal(s) _____ Landscaping _____ Railroad Tracks <input checked="" type="checkbox"/> Road Hazard _____ (please describe) Other _____ |
| E | <p>Please describe what occurred:</p> <p>I was heading west on River Road, and approaching the railroad tracks near 140/240/26. I remember seeing my front tire tilting right & not being able to stop myself. My next memory is looking up & seeing people standing over me. I then spent 7 hours in the ER, but after a CT scan, MRI & X-ray I was sent home w/ no major injuries - only road rash & intense soreness.</p> <p>Please include any additional comments such as what can be done to prevent this incident from occurring again:</p> <p>I had successfully crossed train tracks on Clengman about 5-10 mins before hitting these, which are straight across the road. Over the 300 ft of the tracks on River Road, maybe a safe bike lane could be added over those tracks on the side of the road.</p> <p>Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input checked="" type="checkbox"/> No _____</p> |

Website for Bike/Ped. Task Force www.abptaskforce.com

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

| | |
|---|---|
| A General Info | Today's Date: <u>3-22-06</u> Name: <u>Lynda Moore</u> Address: <u>16 Mt. Vernon Pl. Asheville, NC 28804</u> Phone: <u>254-4545</u> Email: <u>mupx2@billsouth.net</u> Are you a: Commuter <input type="checkbox"/> , Recreational Rider <input checked="" type="checkbox"/> , Racer <input type="checkbox"/> , Other <input type="checkbox"/> (please describe): Date of Incident: <u>July 105</u> Street Name: <u>Riverside Dr</u> Exact location: Time of Day: <u>am</u> <u>pm</u> Weather Conditions: <u>sun/titled</u> Were you riding alone? Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> Number of lanes on street: <u>2</u> Bike lane: Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> Sidewalk: Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> Lighting Condition: dusk <input type="checkbox"/> , dawn <input type="checkbox"/> , daylight <input checked="" type="checkbox"/> , darkness with street lighting <input type="checkbox"/> , darkness with out street lighting <input type="checkbox"/> , other <input type="checkbox"/> Traffic Volume: none <input type="checkbox"/> , light <input checked="" type="checkbox"/> , moderate <input type="checkbox"/> , heavy <input type="checkbox"/> Road Configuration: one way <input type="checkbox"/> , two way <input checked="" type="checkbox"/> , Divided Highway <input type="checkbox"/> Road Feature: 4-way intersection <input type="checkbox"/> , T-intersection <input type="checkbox"/> , side street <input type="checkbox"/> , private drive <input type="checkbox"/> , parking lot <input type="checkbox"/> , railroad crossing <input checked="" type="checkbox"/> , hill crest <input type="checkbox"/> , blind curve <input type="checkbox"/> , other <input type="checkbox"/> (please describe) You were: riding with traffic <input checked="" type="checkbox"/> , stopped at an intersection <input type="checkbox"/> , making left turn <input type="checkbox"/> , making right turn <input type="checkbox"/> , riding against traffic <input type="checkbox"/> , other <input type="checkbox"/> (please describe) You were located: shoulder <input type="checkbox"/> , sidewalk <input type="checkbox"/> , bike lane <input type="checkbox"/> , right third of lane <input checked="" type="checkbox"/> , center of lane <input type="checkbox"/> , left third of lane <input type="checkbox"/> Equipment: headlight <input type="checkbox"/> , tail light <input type="checkbox"/> , reflector <input type="checkbox"/> , vest/banner <input type="checkbox"/> , other <input type="checkbox"/> Did you file a police report? Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> Type of Report: Accident <input type="checkbox"/> , Offense <input type="checkbox"/> Report #: Was this Incident involving a vehicle? Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> If yes, proceed through section C. If no, go to section D |
| B Incident Info | Please describe the incident: <u>hit the RR track and was thrown off bike</u> <u>broke collar bone</u> Please describe any information about the vehicle: Please describe any information about the driver (sex, approximate age, etc.) |
| C Incident Involving another Vehicle | Please describe the incident: Please describe any information about the vehicle: Please describe any information about the driver (sex, approximate age, etc.) |

| | |
|------------------------|---|
| D | The non-vehicular incident involved (please check and describe): |
| Non-Vehicular Incident | Signage <u>There is signage but I believe still dangerous</u> Broken Pavement <u> </u> Animal(s) <u> </u> Landscaping <u> </u> Railroad Tracks <u>I had more done here</u> Road Hazard <u> </u> (please describe) Other <u> </u> |
| | Please describe what occurred: <u>I believe was thrown off my bike as I crossed RR track</u> |
| E | Please include any additional comments such as what can be done to prevent this incident from occurring again: |
| Additional Info | Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |



Please fill out one report per incident occurrence and fill in as much information as possible



Bicycle Incident Report

Section A. General Information

Today's Date: 8/27/07

Your Name: Pattie Moore

Your Street Address: 60 Imperial Court

Your City: Asheville

Your Telephone: 828-277-9147

Your email: PattieMooreCPA@charter.net

Are you a: ☒ Commuter ☒ Recreational Rider ☐ Racer

☐ Other (please describe):

Section B. Incident Information

Date of Incident: 8/27/07

Heading north on Riverside Drive toward Broadway, in front of Grainger.

Street name/landmarks for location on road:

Time of day: 7:50 ☒ AM ☐ PM

Weather conditions:

clear

Were you riding alone? ☒ Yes ☐ No

Number of lanes on street: 2

Were you in a bike lane? ☐ Yes ☒ No

Were you on a sidewalk? ☐ Yes ☒ No

Lighting Condition: ☐ dusk ☐ dawn ☒ daylight

☐ darkness with street lighting

☐ darkness without street lighting

☐ other (please describe):

Traffic volume: ☐ none ☒ light ☐ moderate ☐ heavy

Road configuration: ☐ one way ☒ two way ☐ divided highway

Road Feature(s): ☐ 4-way intersection ☐ T-intersection ☐ side street ☐ private drive ☐ parking lot ☐ railroad crossing

☐ hill crest ☐ blind curve ☐ other (please describe):



Section B. Incident information continued



You were: ☒ riding with traffic ☐ stopped at an intersection ☐ making a left turn ☐ making a right turn

☐ riding against traffic ☐ other (please describe):

Equipment in use: ☐ headlight ☒ tail light ☐ reflector ☐ vest/banner

reflector strip

☒ other (please describe):

Did you file a police report? ☐ yes ☒ no

If "yes", what type of report was filed and what was the report number? ☐ Accident ☐ Offense

Report number#

Was this incident involving a vehicle, motorized or non-motorized? ☒ yes ☐ no

If "yes", please proceed through section C. If "no", please go to section D.

Section C. Incident involving another vehicle

Please describe the incident:

A Southern Concrete cement truck passed me way too close. They were within 4-6 inches of my handle bars. I have been passed closely by many people, but never this close, by such a large vehicle. There is not enough room on that road for a cement truck to pass a bike safely without going into the other lane, which he did not. The funny part is that he was racing past me to wait at the red light, where I caught up to him and recorded his truck number. I don't know if this is the kind of incident you want reported, but filling the form out at least made me feel like I was doing something.

Please describe any information about the vehicle:

Southern Concrete cement truck #260

Please describe any information about the driver (sex, approximate age, etc.):

50ish white man with glasses

Section D. Non-Vehicular Incident



The non-vehicular incident involved (please check and describe):

☐ Signage ☐ Broken Pavement ☐ Animal(s) ☐ Landscaping ☐ Railroad Tracks

☐ Road Hazard (please describe the hazard):

☐ Other (please describe):

Please describe what occurred during this incident:

Section E. Additional Information

Please include any additional comments such as what can be done to prevent this incident from occurring again:

I did call Southern Concrete and spoke to the supervisor and he was very apologetic and said he would speak to the driver.

Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? ☐ yes ☐ no

You may submit this form electronically by clicking the "Submit by Email" button below or you may print this form by clicking the "Print Form" button then mailing the printed form to:

Incident Report
% Liberty Bicycles, Inc
1378 Hendersonville Hwy
Asheville, NC 28803

Submit by Email Print Form

Cyclist not wearing helmet

Police man was just past the intersection facing the accident working on another case. Cyclist had to flag him down after the accident.

Bicycle Incident Report

| A General Info | | B Incident Info | | C Incident Involving another Vehicle | |
|---|--|--|--|--|--|
| Today's Date: 10/24/2005 | | Lighting Condition: dusk, dawn, daylight, darkness w/street lighting, darkness without street lighting | | Was this Incident involving a vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes proceed through section C. If no, go to section D. | |
| Name: Veronica Sotolongo | | Road Feature: 4-way intersection <input checked="" type="checkbox"/> T-intersection <input type="checkbox"/> side street <input type="checkbox"/> private drive <input type="checkbox"/> parking lot <input type="checkbox"/> railroad crossing <input type="checkbox"/> hill crest <input type="checkbox"/> blind curve <input type="checkbox"/> other (please describe): | | Please describe the incident: I was going through an intersection, I did not have a stop sign. A car crossing the intersection ran a stop sign just as I was in the middle. I hit my brakes. | |
| Address: 43 W. Chestnut St. Asheville, NC 28801 | | Road Configuration: one way <input type="checkbox"/> two way <input checked="" type="checkbox"/> divided highway <input type="checkbox"/> | | Please describe any information about the vehicle: purple-ish - navy blue sedan, kind of a big car | |
| Phone: (828) 225-3443 | | Traffic Volume: none <input type="checkbox"/> light <input checked="" type="checkbox"/> moderate <input checked="" type="checkbox"/> heavy <input type="checkbox"/> | | Please describe any information about the driver (sex, approximate age, etc.): Did not see the | |
| Email: verosotolongo@yahoo.com | | Were you riding alone? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Motorist | |
| Are you a: Commuter <input checked="" type="checkbox"/> Recreational Rider <input type="checkbox"/> Racer <input type="checkbox"/> Other <input type="checkbox"/> (please specify) | | Number of lanes on street: 4? | | | |
| Date of Incident: 10/20/2005 | | Bike Lane? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| Sheet Name: Haywood Rd. from Clingman onto Haywood Rd heading west | | Sidewalk? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| Time of Day: 5:25 am <input checked="" type="checkbox"/> pm <input type="checkbox"/> | | Lighting Condition: dusk, dawn, daylight, darkness w/street lighting, darkness without street lighting | | | |
| Weather Conditions: fair | | Road Feature: 4-way intersection <input checked="" type="checkbox"/> T-intersection <input type="checkbox"/> side street <input type="checkbox"/> private drive <input type="checkbox"/> parking lot <input type="checkbox"/> railroad crossing <input type="checkbox"/> hill crest <input type="checkbox"/> blind curve <input type="checkbox"/> other (please describe): | | | |
| Were you riding alone? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Road Configuration: one way <input type="checkbox"/> two way <input checked="" type="checkbox"/> divided highway <input type="checkbox"/> | | | |
| Number of lanes on street: 4? | | Traffic Volume: none <input type="checkbox"/> light <input checked="" type="checkbox"/> moderate <input checked="" type="checkbox"/> heavy <input type="checkbox"/> | | | |
| Bike Lane? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Road Feature: 4-way intersection <input checked="" type="checkbox"/> T-intersection <input type="checkbox"/> side street <input type="checkbox"/> private drive <input type="checkbox"/> parking lot <input type="checkbox"/> railroad crossing <input type="checkbox"/> hill crest <input type="checkbox"/> blind curve <input type="checkbox"/> other (please describe): | | | |
| Sidewalk? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | You were located: shoulder <input checked="" type="checkbox"/> sidewalk <input type="checkbox"/> bike lane <input type="checkbox"/> right third of lane <input type="checkbox"/> center of lane <input type="checkbox"/> left third of lane <input type="checkbox"/> other <input type="checkbox"/> | | | |
| Equipment: headlight <input type="checkbox"/> tail light <input type="checkbox"/> reflector <input checked="" type="checkbox"/> vest/banner <input type="checkbox"/> other <input type="checkbox"/> | | Did you file a police report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type of Report: Accident <input type="checkbox"/> Offense <input type="checkbox"/> Report <input type="checkbox"/> | | | |
| | | | | | |

* as hard as I could, but it was too late. I crashed into the car, fell off my bike, and hurt my elbow, knee, shoulder, and bike. The car kept driving.

Claudia Nix at Liberty Bicycles, Inc.
1378 Hendersonville Highway
Asheville, NC 28803

| | |
|--|--|
| E Additional Info | Please include any additional comments such as what can be done to prevent this incident from occurring again: There was a police officer right there when the accident happened. He said there was nothing he could do when I asked for his help. As long as the police is aloof to bike safety and awareness, so will driving citizens be. Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> verosotolong@yahoo.com Please remit to: Claudia Nix at Liberty Bicycles, Inc. 1378 Hendersonville Hwy, Asheville, NC 28803. |
| | D Non-Vehicular Incident |
| The non-vehicular incident involved (please check and describe): | Signage Broken Pavement Animal(s) Landscaping Railroad Tracks Road Hazard (please describe) Other Please describe what occurred: |

Claudia Nix

From: "VERONICA SOTOLONGO" <verosotolongo@yahoo.com>
To: "Claudia Nix" <ClaudiaNix@LibertyBikes.com>
Sent: Wednesday, October 26, 2005 9:23 AM
Subject: Re: bike incident

Claudia,
 The policeman was not in the middle of the intersection, but right past it, facing in my direction. He was currently working on another case; I think there had just been another accident nearby. He did not come up to me. I got out of the intersection and flagged him down. He hadn't seen the accident. I did not get any information on the officer. . . oops.
 I didn't see the person in the car at all.
 I was coming from Clingman, onto Haywood Rd., so I guess I was going west. The incident happened at the intersection between the Grey Eagle and the bridge.
 I am actually proud of the way I was riding in this situation. Had I not been a defensive biker, the car would have hit me full force. I'm glad I noticed and hit my brakes. My father said I shouldn't have been riding so fast that I couldn't stop on a dime. I think that's unfair. My lesson: wear a helmet.
 Thank you!
 Veronica

Claudia Nix <ClaudiaNix@LibertyBikes.com> escribio:

Hi Veronica,
 Thank you for filling out the incident report and sending it on. I am really sorry you had to endure this situation. We are collecting this information in an effort to evaluate situations and data to prove our case when talking with officials. We truly want Asheville to be more friendly toward bicycles and have both cyclists and motorists be more cordial toward each other. To affectively share the road we each need to be aware of each other. I do have several questions that I would like you to answer so I will understand the situation more fully.
 Was the policeman stationed at the intersection when the incident occurred. Was he stationed somewhere near but not at the intersection? Did he come up afterwards?
 Did you get the officer's name or badge number? Did you get a look at the person driving to identify them? Which direction were you traveling? Can you also give me more detail as to where on Haywood Rd. the incident occurred? Give me some landmarks or crossroad names. Have you learned any thing from this situation that will change the way you will be riding in the future?
 Claudia

Correo Yahoo!
 Espacio para todos tus mensajes, antivirus y antispam ¡gratis!
 Regístrate ya - <http://correo.espanol.yahoo.com/>

10/26/05

Claudia Nix

From: mpbikegirl@aol.com
Sent: Friday, September 05, 2008 12:29 PM
To: claudianix@libertybikes.com
Subject: Re: incident reports

Hello Claudia,

I hope the incident reports are helpful with the cause for bike lanes, wider shoulders and bike paths. The police were not called in either incident 1) guy from ohio - we were more concerned with getting him to the hospital because he couldn't breathe, 2) the second person Kellie is a CTS coach and just came back to the office. Claudia, we experience incidents like this all the time during our camps and when the coaches are out riding. Luckily, most of our experience are more near misses and aggressive drivers than actual car/body contact. I will be sure to issue more incident reports and encourage everyone to be more diligent about calling the authorities. The gentleman from Ohio is healing, slowly. It will be a while before he is back on the bike and out on the road again, but he's coming back to finish his camp with us next year.

Thanks Claudia,

Maripage

-----Original Message-----

From: Claudia Nix <claudianix@libertybikes.com>
To: mpbikegirl@aol.com
Sent: Fri, 5 Sep 2008 11:31 am
Subject: incident reports

Maripage,

Thanks very much for bringing the reports by. I was very upset to read them especially due to the severity of these two incidents. I noticed that neither were reported to the police and I am wonder, why not. I think they are very serious incidents and the authorities need to be made aware that individuals are out there driving dangerously and causing serious injury. I will see what I can do but I would encourage anyone to call the authorities when they are hit or run off the roadway. I hope you all do not have any more of these incidents but please keep reporting them to me if you do. I also want those that do not involve a vehicle where road hazards are apparent, as well. I seems that we need to get the gentleman on Mills Gap out of the driver's seat. Do you know how the guy from Ohio is doing?

Thanks,

Claudia Nix

N.C. Rec. Trails Committee
N.C. Bicycle Committee

Facilitator, Bike/Ped. Task Force

Ex. Council, Healthy Buncombe Coalition

Blue Ridge Bike Club Advocacy Chair

Co-Owner, Liberty Bicycles, Inc.

1378 Hendersonville Hwy. Asheville, NC 28803

828-274-2453

Get the MapQuest Toolbar, Directions, Traffic, Gas Prices & More!

9/5/2008

Bicycle Incident Report

Todays Date: 9/3/08

Name: Kellie Maylan c/o GS

Address: 22 Fall Pippin Lane #105 Asheville NC 28803

A General Info

Phone:

Email: kmaylan@trainingd.com

Are you a: Commuter ☐ Recreational Rider ☐ Racer ☐ Other ☐ (please specify)

B Incident Info

Date of Incident: 9/3/2008
 Street Name: Mills Gap & Pinner's
 Time of Day: 11:40 ☒ am ☐ pm
 Weather Conditions: Fair, sunny, 80°
 Were you riding alone? Yes ☒ No ☐
 Number of lanes on street: ☒ No ☐ Yes ☐
 Bike Lane? Yes ☒ No ☐
 Sidewalk? Yes ☒ No ☐
 Lighting Condition: dusk ☒ dawn ☐ daylight ☐
 darkness w/street lighting ☐ darkness without street lighting ☐

Traffic Volume: none ☐ light ☒ moderate ☐ heavy ☐
 Road Configuration: one way ☐ two way ☒ divided ☐ highway ☐

Road Feature: 4-way intersection ☐ T-intersection ☐ side street ☒ private drive ☐ parking lot ☐ railroad crossing ☐ hill crest ☒ blind curve ☐ other (please describe):

You were: riding with traffic ☒ stopped at intersection ☐ making left turn ☐ making right turn ☐ riding against traffic ☐ other (please specify)

You were located: shoulder ☒, sidewalk ☐, bike lane ☐, right third of lane ☐, center of lane ☐, left third of lane ☐

Equipment: headlight ☐, tail light ☐, reflector ☐, vest/banner ☐, other ☐ wa in daylight

Did you file a police report? Yes ☐, No ☒ Type of Report: Accident ☐, Offense ☐, Report # ☐

Was this incident involving a vehicle? Yes ☒, No ☐ If yes proceed through section C. If no, go to section D.

Please describe the incident:

motorist hit rider with passenger side mirror - impact
broke mirror.

C

incident involving another vehicle

Please describe any information about the vehicle:

Astro Van, white

Please describe any information about the driver (sex, approximate age, etc.):

Older, Gentleman

Wade Steaton 828.864.6894

could hardly speak, was confused.

argued with rider. I tried to deny hitting rider

The non-vehicular incident involved (please check and describe):

Signage ☐

Broken Pavement ☐

Animals ☐

Landscaping ☐

Railroad Tracks ☐

Road Hazard ☐ (please describe)

D

Non-Vehicular incident

Other

Please describe what occurred:

Incident witness - Bobbi McIntosh

828-681-1701

C/ 713 208 3633

Please include any additional comments such as what can be done to prevent this incident from occurring

again:

a wide shoulder

Bicycle lanes along Mills Gap Road will give riders more room to avoid motorists.

Additional
Info

Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes ☒ No ☐

Please remit to: Claudia Nix at Liberty Bicycles, Inc.
1378 Hendersonville Hwy. Asheville, NC 28803.

Bicycle Incident Report

Today's Date: Aug 8, 2008

Name: Robert Dick

Address: c/o Carmichael Training, 22 Fall Pippin Lane #105
Asheville NC 28803

Email: mgyabie@trainingut.com

Are you a: ☒ commuter, ☐ recreational rider, ☐ racer (please specify)

A
General Info

Date of Incident: 8/8/2008

Street Name: Merrill's Cove Road

Time of Day: 4:15-4:20 am

Weather conditions: fair, warm, sunny

Were you riding alone? Yes ☒ No ☐

Number of lanes on street:

Bike lane? Yes ☒ No ☐

Sidewalk? Yes ☒ No ☐

Lighting condition: dusk ☒ dawn ☐ daylight ☐
darkness w/street lighting ☐ darkness without street lighting ☐

B
Incident Info

Traffic volume: none ☒ light ☐ moderate ☐ heavy ☐

Road configuration: one way ☒ two way ☐ divided ☐ highway ☐

Road Feature: 4-way intersection ☐ T-intersection ☐ side street ☐ private drive ☐ parking lot ☐ railroad crossing ☐ hill crest ☐ blind curve ☐ other (please describe):

You were: riding with traffic ☒ stopped at intersection ☐ making left turn ☐ making right turn ☐ riding against traffic ☐ other (please specify)

You were located: shoulder, sidewalk, bike lane, right third of lane, center of lane, left third of lane

Equipment: headlight, tail light, reflector, vest/banner, other, n/a - daylight

Did you file a police report? Yes, No, Type of Report: Accident, Offense, Report #

Was this incident involving a vehicle? Yes, No, If Yes proceed through section C. If no, go to section D.

Please describe the incident: rider - Robert Dick - was descending Memorial's Cove Road with group of cyclists. Robert was in about middle of lane descending in a hand turn. Large green SUV with driver on motorcycle pressed front brake, yellow light and van Robert off the road. Driver did not stop. Robert Dick was forced off road over a foot embankment.

Please describe any information about the vehicle:

Large SUV - dark green - NC plates

Please describe any information about the driver (sex, approximate age, etc.):

n/a driver did not stop

The non-vehicular incident involved (please check and describe):

Signage

Broken Pavement

Animals

Landscaping

Railroad Tracks

Road Hazard (please describe)

Non-Vehicular Incident

D

Notes:
Robert Dick
altered left-turn lane
crossed center line descending in a hand turn.
Large green SUV with driver on motorcycle
pressed front brake, yellow light and van Robert off the road. Driver did not stop. Robert Dick was forced off road over a foot embankment.
incident involving another vehicle
spent 4 minutes
before being released
to arrive home to Ohio.

Other

Please describe what occurred:

Please include any additional comments such as what
can be done to prevent this incident from occurring
again:

Drivers must pay attention!

E
Additional
Info

Would you be interested in receiving future updates
on bike and pedestrian events and meetings via
email? Yes ☐ No ☐

Please remit to: Claudia Nix at Liberty Bicycles, Inc.
1378 Hendersonville Hwy. Asheville, NC 28803.

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

| | |
|---|--|
| A General Info | Today's Date: <u>July 23</u> <u>2008</u> Name: <u>Quenny Johnson</u> Address: _____ Phone: _____ Email: _____ Are you a: Commuter __, Recreational Rider __, Racer __, Other __ (please describe): __ |
| B Incident Info | Date of Incident: _____ Street Name: <u>near intersection of 1st Ave & 1st St</u> Time of Day: <u>12:30</u> am <u>X</u> pm Weather Conditions: _____ Were you riding alone? Yes <u>X</u> , No ____ Number of lanes on street: <u>5</u> Bike lane: Yes __, No <u>X</u> Sidewalk: Yes __, No <u>X</u> Lighting Condition: dusk __, dawn __, daylight __, darkness with street lighting __, darkness with out street lighting __, other __ Traffic Volume: none __, light __, moderate __, heavy __ Road Configuration: one way __, two way __, Divided Highway __ Road Feature: 4-way intersection __, T-intersection __, side street __, private drive __, parking lot __, railroad crossing __, hill crest __, blind curve __, other __ (please describe) _____ You were: riding with traffic __, stopped at an intersection __, making left turn __, making right turn __, riding against traffic __, other __ (please describe) _____ You were located: shoulder __, sidewalk __, bike lane __, right third of lane __, center of lane __, left third of lane __ Equipment: headlight __, tail light __, reflector __, vest/banner __, other __ Did you file a police report? Yes __, No __ Type of Report: Accident __, Offense __ Report #: _____ Was this Incident involving a vehicle? Yes __, No __ If yes, proceed through section C. If no, go to section D |
| C Incident Involving another Vehicle | Please describe the incident: <u>Super store. He was wearing dark clothing and had no lights. He was struck</u> <u>and I was traffic light</u> Please describe any information about the vehicle: <u>1996 Cherokee traveling west bound in left lane had green light</u> <u>tried to swerve into right & stop but couldn't avoid hitting him</u> |

Please describe any information about the driver (sex, approximate age, etc.)

| | |
|------------------------|--|
| D | The non-vehicular incident involved (please check and describe): |
| Non-Vehicular Incident | Signage _____ Broken Pavement _____ Animal(s) _____ Landscaping _____ Railroad Tracks _____ Road Hazard _____ (please describe) Other _____ |
| E | Please include any additional comments such as what can be done to prevent this incident from occurring again: Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes ___ No ___ |
| Additional Info | |

Website for Bike/Ped Task Force www.bikepedtaskforce.com

Please return this form to: Claudia Nix
 Liberty Bicycles, Inc.
 1378 Hendersonville Hwy,
 Asheville, NC 28803

Bicycle Incident Report

Please fill out one report per incident occurrence and fill in as much information as possible

| | |
|----------|--|
| A | General Info Today's Date: <u>9-15-08</u> Name: <u>Vicky Cam P</u> Address: <u>37 SPOOLS BRANCH RD Asheville NC 28804</u> Phone: <u>828 252-4397</u> Email: <u>vickyadventureadventures.com</u> Are you a: Commuter <input checked="" type="checkbox"/> , Recreational Rider <input type="checkbox"/> , Racer <input type="checkbox"/> , Other <input type="checkbox"/> (please describe): |
| B | Incident Info Date of Incident: <u>9-15-08</u> Give Street name and landmarks for location on road: Time of Day: <u>8:50</u> am <u>pm</u> Weather Conditions: <u>clear</u> Were you riding alone? Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> Number of lanes on street: <u>2</u> Bike lane: Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> Sidewalk: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> Lighting Condition: dusk <input type="checkbox"/> , dawn <input type="checkbox"/> , daylight <input checked="" type="checkbox"/> , darkness with street lighting <input type="checkbox"/> , darkness with out street lighting <input type="checkbox"/> , other <input type="checkbox"/> Traffic Volume: none <input type="checkbox"/> , light <input type="checkbox"/> , moderate <input checked="" type="checkbox"/> , heavy <input type="checkbox"/> Road Configuration: one way <input type="checkbox"/> , two way <input checked="" type="checkbox"/> , Divided Highway <input type="checkbox"/> Road Feature: 4-way intersection <input type="checkbox"/> , T-intersection <input type="checkbox"/> , side street <input type="checkbox"/> , private drive <input type="checkbox"/> , parking lot <input type="checkbox"/> , railroad crossing <input type="checkbox"/> , hill crest <input type="checkbox"/> , blind curve <input type="checkbox"/> , other <input type="checkbox"/> (please describe) You were: riding with traffic <input type="checkbox"/> , stopped at an intersection <input checked="" type="checkbox"/> , making left turn <input type="checkbox"/> , making right turn <input type="checkbox"/> , riding against traffic <input type="checkbox"/> , other <input type="checkbox"/> (please describe) You were located: shoulder <input type="checkbox"/> , sidewalk <input type="checkbox"/> , bike lane <input type="checkbox"/> , right third of lane <input checked="" type="checkbox"/> , center of lane <input type="checkbox"/> , left third of lane <input type="checkbox"/> Equipment: headlight <input checked="" type="checkbox"/> , tail light <input checked="" type="checkbox"/> , reflector <input checked="" type="checkbox"/> , vest/banner <input type="checkbox"/> , other <input type="checkbox"/> Did you file a police report? Yes <input type="checkbox"/> , No <input checked="" type="checkbox"/> If yes, complete Section C, If not, complete Section D Was this incident involving another vehicle? Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> If yes, complete Section C, If not, complete Section D Please describe the incident: I WAS 3RD VEHICLE WAITING AT LIGHT ON CHARLOTTE STREET HEADING TOWARD CENTER OF TOWN (NEXT TO STAPLECKS) WHITE SUV DROVE UP ONTO SIDEWALK TO GET AROUND VEHICLES SO THEY COULD ENTER TURN LANE ONTO INTERSTATE 240 Please describe any information on the vehicle WHITE SUV LICENSE PLATE TYE 9240 FEMALE MIDDLE AGE DRIVER Please describe any information about the driver (sex, approximate age, etc.) <u>5</u> |

| | |
|-----------------------------|---|
| D Non-Vehicular Incident | The non-vehicular incident involved (please check and describe): Signage _____ Broken Pavement _____ Animal(s) _____ Landscaping _____ Railroad Tracks _____ Road Hazard _____ (please describe) Other _____ Please describe what occurred: _____ |
| E Additional Info | Please include any additional comments such as what can be done to prevent this incident from occurring again: _____ Would you be interested in receiving future updates on bike and pedestrian events and meetings via email? Yes __, No __ |

Please return to: Incident Report c/o Liberty Bicycles, Inc. 13 78 Hendersonville Hwy. Asheville, NC 28803