

Cycling UK Incident Report Form

Please complete both sides of this form as fully as possible. Thanks.

Did the incident happen during a group ride? Y / N Cycling UK Member Group/Affiliate Group Name:	Name of person reporting incident: Contact phone number:																																
Name of event organiser/ride leader: Cycling UK Membership No:	Name of first party involved in incident: Cycling UK Membership No:																																
Name of second party: Cycling UK Membership No:	Date of incident: Approximate location of incident:																																
Collision with: (circle as appropriate) Motor vehicle / Cyclists / No other vehicle involved / road rage / other																																	
General description of incident: Tick if a near-miss: [] Severity of any injury: (please tick as appropriate)																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type of injury</th> <th style="text-align: center;">Head</th> <th style="text-align: center;">Torso</th> <th style="text-align: center;">Limb</th> </tr> </thead> <tbody> <tr> <td>Fracture</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sprain</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cut</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Burn</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bruise</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Graze</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Type of injury	Head	Torso	Limb	Fracture				Sprain				Cut				Burn				Bruise				Graze				Other			
Type of injury	Head	Torso	Limb																														
Fracture																																	
Sprain																																	
Cut																																	
Burn																																	
Bruise																																	
Graze																																	
Other																																	

First party details of Cycling UK membership number not known:

Name: Address:

.....

Phone no: Email:

Parents / Guardians / Next of kin contacted? Y / N

Name of person contacted:

Relationship to injured party:

Contact phone number: Time of call:

Second party details:

Name: Address:

.....

Phone no: Email:

Vehicle registration: Make/model: Colour:

Hospital details:

Police details:

Incident no:

Once completed, please email a copy of this form to:

- claims@butterworthspengler.co.uk
- carol.mckinley@cyclimg.uk
- groups@cyclimguk.org

If any of the parties thinks they may have a claim against another party, or they would like legal advice, they should also ring our Incident Claims Line on 0844 735 8452. Thank you.