

# 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? <b>Y / N</b>  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) <b>Motor vehicle / Cyclists / No other vehicle involved / road rage / other</b>																																	
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			
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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: now initially to **julie.rand@cyclingsuk.org** (GCA)

- [claims@butterworthspengler.co.uk](mailto:claims@butterworthspengler.co.uk)
- [carol.mckinley@cyclingsuk.org](mailto:carol.mckinley@cyclingsuk.org)
- [groups@cyclingsuk.org](mailto:groups@cyclingsuk.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.