 Cycling UK Incident Report Form

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

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| Did the incident happen during a group ride? Y/NCycling 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: Motor vehicle/Cyclists/No other vehicle involved/road rage/other (circle as appropriate)  |
| General description of incident:Tick if a near-miss: [ ] |
| Severity of any injury: (please tick as appropriate)

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| --- | --- | --- | --- |
| **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/NName 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@cycling.uk
* groups@cyclinguk.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.  |
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