

# Reporting an accident/incident



A step-by-step guide to reporting an incident/accident/near miss during a Cycling UK activity

## Accident/ incident occurs



### Immediate action required

- Deal with accident/incident
- Call 999 (if required)
- First Aid (if qualified)

Contact manager/group leader to discuss who to inform when safe to do so e.g. next of kin/partner organisations

## Complete accident/ incident report form



- To report an accident/incident/near miss please use the online form at:  
**[tinyurl.com/accident-incident-form](https://tinyurl.com/accident-incident-form)**
- Complete the form ASAP – please note this form will be sent to Cycling UK and our insurance providers Bikmo
- You will not receive a copy of the completed form for your records, but you can use the paper form below for your records
- Get full details of all parties involved and any witnesses
- Time and location are essential

## Complete further actions to be taken

- Treat each incident as unique
- Confirm with manager or group leader next steps to take
- **Securely destroy any records of personal data as soon as no longer required**

Please keep this form securely and destroy as soon as the incident has been reported at [tinyurl.com/accident-incident-form](https://tinyurl.com/accident-incident-form) or is no longer required in line with our Data Protection policy



<b>Name of person reporting:</b> <input type="text"/>	Contact telephone number: <input type="text"/>
Date and time of incident: <input type="text"/>	Approximate location of incident: <input type="text"/>
Name of manager/group leader/project leader: <input type="text"/>	Cycling UK membership number (If applicable): <input type="text"/>

<b>Name of first injured party:</b> <input type="text"/>	Cycling UK membership number (If applicable): <input type="text"/>
Contact phone number: <input type="text"/>	Injured person's address: <input type="text"/>
Role on ride: rider/guest/volunteer/ride leader/event organiser: <input type="text"/>	

<b>Parents/Guardians/Next of kin contacted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person contacted: <input type="text"/>	Contact telephone number: <input type="text"/>
Relationship to injured party: <input type="text"/>	Time of call: <input type="text"/>

Did the accident/incident happen during a group ride/event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cycling UK Group/Club Name/Project name (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this an accident or near miss?	<input type="text"/>
General description of incident:	<input type="text"/>
<input type="text"/>	