

# Accident/Incident Report Form



Date/Time:

Name of person reporting:

Approximate location:

Contact phone number:

Name of manager/group leader:

Cycling UK Membership No (if applicable):

**Name of injured party:**

Cycling UK Membership No (if applicable):

**Name of second injured party (if applicable):** Cycling UK Membership No (if applicable):

Did the accident/incident happen during a group ride/event?

Yes

No

Cycling UK Group/Club Name (if applicable):

General description of incident:

Tick if a near-miss

**Severity of any injury:** (please tick as appropriate)

Individual name:

Role on ride (e.g. guest, volunteer etc):

Type of injury	Head	Torso	Limb
Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Severity of any injury:** (please tick as appropriate)

Individual name:

Role on ride (e.g. guest, volunteer etc):

Type of injury	Head	Torso	Limb
Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### First party details:

Name:

Contact phone number:

Address:

Email:

Parents/Guardians/Next of kin contacted? Yes

No

Name of person contacted:

Relationship to injured party:

Contact phone number:

Time of call:

### Second party details:

Name:

Contact phone number:

Address:

Email:

### If the incident involves a vehicle.

Name of driver:

Vehicle registration:

Make/model:

Colour:

Hospital details:

Police details:

Incident no:

Depending on who the incident/accident is regarding please email a copy of this form to the below:

**Cycling UK Staff**

- Relevant Manager
- Sue.cherry@cyclinguks.org

**Volunteers/members/project participants**

- Relevant manager
- incidents@cyclinguks.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 0330 107 1789.