

CTC INCIDENT REPORT FORM

Member Group/ Club: _____ Group Contact No: _____

Organiser/leader: _____ 2nd contact: _____

First Party: Name: _____ CTC member Y/N Date: _____

Second party (if applicable): _____

General Description of incident:

Tick if Near Miss

Continue on a blank sheet as necessary

Coding of incident:

Type of injury	Head	Torso	Arms	Legs
Fracture (1)				
Sprain (2)				
Cut (3)				
Burn (4)				
Bruise (5)				
Graze (6)				

Who with.	Motor vehicle (MV)	Cyclist (C)	No other vehicle (N)	Road rage (RR)
Fatal (1)				
Severe (2)				
Slight (3)				
None (visible) (4)				

Coding		
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Supplementary information is for serious incidents

First Party Details:

Parents/next of kin contacted? Y / N

Name of person contacted: _____

Relationship to injured party: _____

Contact number: _____

Time of call: _____

Second Party Details:

Name: _____ Address: _____

(and if applicable:)

Car reg: _____

Make/Model _____

Colour _____ Post code: _____

Hospital details

Police details

(if necessary)

(if necessary)

Name of hospital: _____ Name: _____

Hospital address: _____ Address: _____

_____ Tel. no. _____

Hospital tel. number: _____ Incident no. _____

Witnesses:

Name	Telephone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When completed, email this form to: claims@butterworthspengler.co.uk with a copy to CTC Operations Director Carol McKinley carol.mckinley@ctc.org.uk. If it is a CTC Member Group ride, please also send a copy to groups@ctc.org.uk. Also ring our Accident Claims Line on 0844 736 8462 urgently for legal advice.