

Cycling UK Incident Report Form

<p>Did the incident happen during a group ride?</p> <p>Cycling UK Member Group Name:</p>	<p>Name of person reporting incident:</p> <p>Contact phone number:</p>																																
<p>Name of event organiser/ride leader: Nigel Hicks</p> <p>Cycling UK Membership No:</p>	<p>Name of first party involved in incident:</p> <p>Cycling UK Membership No:</p>																																
<p>Name of second party:</p> <p>Cycling UK Membership No:</p>	<p>Date of incident:</p> <p>Approximate location of incident</p>																																
<p>Collision with:</p>																																	
<p>General description of incident:</p> <p>Tick if a near-miss: []</p>																																	
<p>Severity of any injury: (please tick as appropriate)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Type of injury</th> <th style="width: 25%;">Head</th> <th style="width: 25%;">Torso</th> <th style="width: 25%;">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			
Type of injury	Head	Torso	Limb																														
Fracture																																	
Sprain																																	
Cut																																	
Burn																																	
Bruise																																	
Graze																																	
Other																																	

<p>First party details of Cycling UK membership number not known:</p>	
<p>Name:</p>	<p>Address:</p>
<p>Phone no:</p>	<p>Email:</p>

Parents/Guardians/Next of kin contacted?

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:

 claims@butterworthspengler.co.uk

 carol.mckinley@cyclenguk.org

 groups@cyclenguk.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.