

## Cycling UK Incident Report Form

Did the incident happen during a group ride?  Cycling UK Member 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:				
General description of incident:  Tick if a near-miss: [ ]				
Severity of any injury: (please tick as appropriate)				
Type of injury	Head	Torso	Limb	
Fracture				
Sprain				
Cut Burn				
Bruise				
Graze				
Other				
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First party details of Cycling UK membe	rship number not known:				
Name:	Ad	ldress:			
Phone no:		Email:			
Parents/Guardians/Next of kin contact	ed?				
Name of person contacted:		Relationship to injured party:			
Contact phone number:	Tim	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@cyclinguk.org • 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.					