## **Knottingley Velo - INCIDENT REPORT**



Please complete as fully as possible where injury, illness or property damage has been sustained by any party during a Knottingley Velo event or activity, including where members of Knottingley Velo are attending a formally organised and registered event. It should also be used to report incidents that did not result in injury, illness, or damage - but had the potential to do so.

The form should be completed by an appropriate person, normally the person involved in the incident or the person who took primary responsibility for resolution at the time. It may also be completed by an appropriate club committee member or event co-ordinator.

Day & Date of Incident :			Time :	
Name & Type of Event / Activity: (please include Event URL)	Weblink from Kvelo Public Facebook Gro	ир		
Incident Location / Venue : (include address & postcode if possible)				
Name of Appropriate Person:				
Name & Role of (where applicable) Other Appropriate Person:				
What Happened? (please provide a	factual account of the incident)			
Who was involved? What injur	ries / illness were suffered? Was any pro	onorty dame	anod?	
(further details can be provided on a separ	rate sheet if necessary)	operty dame	ayeu :	
		1		
Full Name :		Involved as:		
Email / Tel :		KVelo Member :	YES / NO If No – ridin try-out	ng as a guest /
Injury (or illness) :		Property Damage :		
First Aid Treatment Provided : (state	e if 'none given' / 'refused')	commendation	ons :	
				Issued: 15/7/15

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Full Name :		Involved as:			
Email / Tel :		KVelo Member :	YES / NO If No – riding as a guest / try-out		
Injury (or illness):		Property Da	Property Damage :		
First Aid Treatment Provided: (state if 'none given' / 'refused') / Referred to: / Recommendations:					
Ambulance Support Requested?					
If injured part	y transferred to hospital what arrangements were made for the bik	e and associ	ated equipment?		
Witnesses (p	olease provide full details of all witnesses. Further details can be provided on a se	eparate sheet if i	necessary)		
Full Name :		Involved as:			
Address :		Postcode :			
Email / Tel :		Member No :			
Full Name :		Involved as :			
Address :		Postcode :			
Email / Tel :		Member No :			
Police Involvement:					
Was assistance sought from the Police at the time of the incident?					
Is any on-bike imagery available – if yes who holds that footage?			-		
Have the police indicated that they anticipate any action to be directed towards the cyclist?					
Have the police indicated that they anticipate any action to be directed towards a third party?					

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Kvelo Member:

Yes / No



Additional Information (please provide any further information that you feel may be useful if the incident needs to be investigated)				
Reported by :				
Print Name :	Signed:			
Position / Role :	Date :			

Please return this form by Email to: - Judith Fisher (Club Welfare Officer) alaskalodge@hotmail.co.uk

Email / Day Tel. :

The Committee of KVelo reserves the right to submit / report this incident to the Club's third party insurer in the event that it considers any claim or action may be directed towards Knottingley Velo.

Completion of this form will allow a retrospective review to assess risks and review Club Guidance.

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