 Cycling UK Incident Report Form

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| Did the incident happen during a group ride? Y/N  Cycling UK Member Group/Affiliate 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: Motor vehicle/Cyclists/No other vehicle involved/road rage/other (circle as appropriate) | |
| 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 membership number not known:  Name: Address:  Phone no: Email: |
| Parents/Guardians/Next of kin contacted? Y/N  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](mailto:claims@butterworthspengler.co.uk) * [carol.mckinley@cycling.uk](mailto:carol.mckinley@cycling.uk) * [groups@cyclinguk.org](mailto: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. |
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