

## Cycling UK Incident Report Form

Did the incident happen during a group ride?		Name of person reporting incident:		
Cycling UK Member Group Name:		Contact phone number:		
Name of event organiser/ride leader: Nigel Hicks		Name of first party involved in incident:		
Cycling UK Membership No:		Cycling UK Membership No:		
Name of second party:		Date of incident:		
Cycling UK Membership No:		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				
	•			

First party details of Cycling UK membersh	nip number not known:			
Name:	A	ddress:		
Phone no:	Er	mail:		
Parents/Guardians/Next of kin contacted?	?			
Name of person contacted:	Re	elationship to injured party:		
Contact phone number:	Tir	me of call:		
Second party details:				
Name:	Address:			
Phone no:	Email:			
Vehicle registration:	Make/model:	Colour:		
Hospital details: Police	ce 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.				