

# Darlington Cycling Club – Accident/Incident Report Form



| Did the incident happen during a group ride?<br><br>Which DCC ride:   | Name of person reporting incident:<br><br>Contact phone number:                          |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
|---|--|-----------------------|------|-------|------|----------|--|--|--|--------|--|--|--|-----|--|--|--|------|--|--|--|--------|--|--|--|-------|--|--|--|-------|--|--|--|
| Name of ride leader:<br><br>Cycling UK Membership No if applicable:   | Name of first party involved in incident:<br><br>Cycling UK Membership No if applicable: |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| Name of second party:<br><br>Cycling UK Membership No if applicable:  | Date of incident:<br><br>Approximate location of incident                                |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| Collision with:   |  |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| General description of incident:<br><br>Tick if a near-miss: [ <input type="checkbox"/> ]   |  |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| Severity of any injury: (please tick as appropriate)  |  |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;"><b>Type of injury</b></th> <th style="text-align: center; padding: 5px;">Head</th> <th style="text-align: center; padding: 5px;">Torso</th> <th style="text-align: center; padding: 5px;">Limb</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Fracture</td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 5px;">Sprain</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Cut</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Burn</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Bruise</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Graze</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Other</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  | <b>Type of injury</b> | Head | Torso | Limb | Fracture |  |  |  | Sprain |  |  |  | Cut |  |  |  | Burn |  |  |  | Bruise |  |  |  | Graze |  |  |  | Other |  |  |  |
| <b>Type of injury</b>   | Head   | Torso                 | Limb |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| Fracture  |  |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| Sprain  |  |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| Cut   |  |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| Burn  |  |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| Bruise  |  |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| Graze   |  |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |
| Other   |  |                       |      |       |      |          |  |  |  |        |  |  |  |     |  |  |  |      |  |  |  |        |  |  |  |       |  |  |  |       |  |  |  |

First party details of Cycling UK membership number not known:

Name:

Address:

Phone no:

Email:

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:

Other riders who witnessed the event

| Name |  |  |
|------|--|--|
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Once completed, please email a copy of this form to:

- [claims@butterworthspengler.co.uk](mailto:claims@butterworthspengler.co.uk)
- [groups@cycllinguk.org](mailto:groups@cycllinguk.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.