



Accident Report Form

It is the **responsibility of the Event Secretary** to ensure this report is completed.

The Event Secretary MUST ensure that a copy of this report is forwarded as **QUICKLY AS POSSIBLE** after the accident to both the District Council Secretary and accident.reporting@cyclingt看trials.org.uk . In cases where all the information is not immediately to hand, complete the details known and send this information. The other details can be forwarded later. **All sections of this form should be completed as fully as possible. (**Delete not applicable)**

Details of the Event

Name of event associated with accident:		
District Council controlling the event:		** Type of Event: Club/Open
Date of Event:	Course Key Number:	
MOT Road Number:		
Event Secretary	Name:	Email:
Address:		
Telephone Number	Mobile:	Other:

Details of the Competitor/Official Involved in the Accident

Title:	Forename:	Surname:	DOB
Address:			
Email:	Mobile:	Other:	
Club:			
Is the competitor/official a member of another Organisation for example BC/Cycling UK	Name of Organisation	Membership Nos:	CTT: ** Yes/No CTT Nos
Was the person involved a: ** Competitor/Official/Both	Competitors Number:	Start Time: Finish Time:	
Was the competitor wearing a helmet: **Yes/No			

Did the competitor have a working front and rear light: **Yes/No
Was Hospital treatment required: **Yes/No (if yes give brief description of treatment)

Details of the Accident

Please provide detailed description of accident including any sketches, location on the course, direction of travel etc. Any photographs taken should be attached and sent with this form
Location of Accident:
Time of Accident:
Approximate speed of the competitor prior to the accident:
Dual Carriageway: **Yes/No
Single Carriageway: **Yes/No
General information about the stretch of road including the condition of the road where the accident happened (for example on a left hand bend the road was in good condition)
Weather: **Dry/Slight Drizzle/Rain/Heavy Rain/Lightening/Snow/Ice/Hail
Visibility: **Good/Fair/Bad
Wind: **None/Slight/Strong
Wind direction at location of accident: ** N / NE / E / SE / S / SW / W / NW

Police Involvement:

Were the Police notified and/or called to the scene? ****Yes/No** (if yes please give details of the Police Force and Officer involved and forward the Police Report with this form)

Other Parties

Were any of the parties involved in the accident/incident stationary at the moment of impact: ****Yes/No** (if yes please give details below):

Did the Accident involve **** another rider competing in the event/a motor vehicle/a pedestrian/another rider NOT competing in the event/other** (if YES please complete their details below)

Title:	Forename:	Surname:
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Email:	Mobile:	Other:
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Address:

Insurance Details:

Apparent Extent of Damage to Property/Injury to Other Party (please give details below):

Details of any Witnesses to the Incident:

Title:	Forename:	Surname:
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Email:	Mobile:	Other::
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Address:

Title:	Forename:	Surname:
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Email:	Mobile:	Other::
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Address:			
Title:	Forename:	Surname:	
Email:	Mobile:	Other::	
Address:			

Details of Person making this Report:

Title:	Forename:	Surname:	
Email:	Mobile:	Other::	
Address:			
Status (with respect to this accident):			

Any Additional Details

A copy of this report **MUST** be forwarded as **QUICKLY AS POSSIBLE** after the accident to both the District Secretary and accident.reporting@cyclingt看trials.org.uk .

Note for District Secretaries:

This accident report will have been notified to you as the controlling District Council for the event. If the accident happened on a stretch of road that is outside your district boundary, please forward a copy to the appropriate District Secretary.