|  |  |
| --- | --- |
|  | **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 the National Secretary. 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.** |
|  |
| Name of Event associated with accident |
| District Council controlling the event:  | Type of Event: Club [ ]  Open [ ]  |
| Date of Event:…………………………………….. | Course Key Number:………………………………………….. |
| Event Secretary Details | Name: ………………………………………… | Email:…………..……….………………………… |
| Address: |
| Telephone (Day) | (Evening) |
| **Details of Rider/Official involved in Accident:** |
| Title:  | Forename: | Surname: | Age: |
| Address: |
| Tel. No: | Email: ……………………………… Club:………………………………………… |
| Was the person involved a  | Competitor [ ]   | Competitor’s number: | Time started: | Official [ ]  |
| Level of experience: |
| Is the party involved a member of : | B.C. [ ]  | Cycling UK [ ]  | Membership Number: (if known) |
| If injured please give brief details: |
| Was Hospital treatment required:  | Yes [ ]  | No [ ]  | Other: |
| **Details of Accident:** |
| Location of Accident: |
| Was another party involved in the accident? | Yes [ ]  (if yes please give details below) No [ ]   | Time of Accident: |
| Was the accident with (please tick as appropriate) | Another rider competing in the event  | [ ]  | A Motor Vehicle | [ ]  |
| Another Rider NOT competing in the event | [ ]  | A Pedestrian | [ ]  |
|  | Other |
| Were any of the parties involved in the collision stationary at the moment of impact?(If yes please give details) | Yes [ ]  | No [ ]  |
| Approximate speed of rider just prior to impact: |
| Were the Police notified and/or called to the scene of the accident: Yes [ ]  No [ ]  |
| (if yes please give details of Police Force and Officer dealing with this accident if known)  |

|  |
| --- |
| **Road and Weather conditions where accident happened**(please complete as appropriate): |
| *Road:* |
| MOT Road Number: | Condition of Road Surface: |  | Good[ ]  | Normal[ ]  | Bad[ ]  |  |
| Dual Carriageway | [ ]  | Additional comments on the road surface: |  |
| Single Carriageway | [ ]  |
| General information about the stretch of road where the accident happened (tick all applicable): |
| Flat [ ]  | Slight Incline [ ]  | Steep Incline [ ]  | Slight Decline [ ]  | Steep Decline [ ]  |
| Straight [ ]  | Slight Left Bend [ ]  | Slight Right Bend [ ]  | Sharp Left Bend [ ]  | Sharp Right Bend [ ]  |
| Hairpin [ ]  | Roundabout [ ]  | T Junction [ ]  | Slip Road On [ ]  | Slip Road Off [ ]  |
| Other (please give details)  |
| *Weather:* |
| Dry [ ]  | Slight Drizzle [ ]  | Rain [ ]  | Heavy Rain [ ]  | Lightning [ ]  | Snow [ ]  | Ice [ ]  |
| Visibility | Good[ ]  | Fair[ ]  | Bad[ ]  |  |
| Wind | None[ ]  | Slight[ ]  | Strong[ ]  | Wind direction at location of accident (circle as applicable)N / NE / E / SE / S / SW / W / NW |
| At the time of the accident the general direction the rider was travelling in was: North / North East / East / South East / South / South West / West / North West (circle as applicable) |
| **Details of equipment used by the competitor**: |
| Front Wheel: | Tri Spoke [ ]   | Deep Rim [ ]  | Conventional [ ]  | Other [ ]  |
| Rear Wheel: | Tri Spoke [ ]  | Deep Rim [ ]  | Conventional [ ]  | Disc [ ]  | Other [ ]  |
| Handlebars: | Conventional [ ]  | Tri-Bars [ ]  | Using Tri-Bars at the time of the Accident: Yes [ ]  No [ ]  |
| Computer fitted: Yes [ ]  No [ ]  | Helmet Worn: Yes [ ]  No [ ]  | (if yes) Aero Helmet [ ]  Hard Shell [ ]  Other [ ]  Rear light fitted: Yes [ ]  No [ ]  |
| (if other please give details) |
| Was the accident caused by component(s) failing / breaking / loosening: Yes [ ]  No [ ]  |
| (if yes please give details, include manufacturer and model no.) |
| **Details of Other Party Involved:** |
| Forename:  |  | Surname: | Age: |
| Address:Telephone: |
| Insurance Details (if known): |
| Apparent Extent of Damage/Injury: |

|  |
| --- |
| **Details of any Witnesses to the Incident:** |
| 1) | Title: | Forename: | Surname: | Age: |
| Address:Telephone: |
| 2) | Title: | Forename: | Surname: | Age: |
| Address:Telephone: |
| 3) | Title: | Forename: | Surname: | Age: |
| Address:Telephone: |
| **Description of Accident:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Sketch of Accident:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Details of Person making this report:** |
| Title:  | Forename: | Surname: | Age: |
| Address: |
| Telephone No. (Day) | (Evening) |
| Status (with respect to this accident)  |
| In your opinion who/what was to blame for this accident? |

|  |
| --- |
| Any additional comments: |

A copy of this report **MUST** be forwarded as **QUICKLY AS POSSIBLE** after the accident to both the District Secretary and the National Secretary (Legal & Corporate).

*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.