



# Appendix 12 CTC Incident Report Form

<b>Member Group/Club:</b>	<b>Contact Name and No:</b>
<b>Event organiser or ride leader:</b>	<b>Second contact:</b>
<b>First party name:</b>	<b>CTC Membership No:</b>
<b>Date of incident:</b>	<b>Second party if applicable:</b>
<b>CTC Membership No:</b>	
<b>Please circle as appropriate:</b>	
Outcome: <b>Fatality</b> <b>Severe</b> <b>Slight</b> <b>None visible</b>	
Collision with: <b>Motor vehicle</b> <b>Cyclist</b> <b>No other vehicle</b> <b>Road rage</b>	

**Please tick as appropriate:**

TYPE OF INJURY	Head	Torso	Limb
Fracture			
Sprain			
Cut			
Burn			
Bruise			
Graze			
Other			

**General description of incident:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**First Party Details:**

**Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parents/Guardians/Next of Kin contacted? Y / N**

**Name of person contacted:** \_\_\_\_\_

**Relationship to injured party:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_ **Time of call:** \_\_\_\_\_

**Second Party Details:**

**Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Car registration:** \_\_\_\_\_ **Make/Model:** \_\_\_\_\_ **Colour:** \_\_\_\_\_

**Hospital details:** \_\_\_\_\_

**Police details:** \_\_\_\_\_

**Incident no.:** \_\_\_\_\_

\_\_\_\_\_

**Please email this form to:** [claims@butterworthspengler.co.uk](mailto:claims@butterworthspengler.co.uk) with a copy to CTC Operations Director Carol McKinley [carol.mckinley@ctc.org.uk](mailto:carol.mckinley@ctc.org.uk). If the incident happened on a CTC Member Group ride, please also send a copy to [groups@ctc.org.uk](mailto:groups@ctc.org.uk) for our records. If any of the parties thinks they may have a claim against another party, they should also ring our Incident Claims Line on 0844 726 2452 for legal advice. Thank you.