

# 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 member Y/N</b>
<b>Date of incident</b>	<b>Second party if applicable</b>

**Outcome of incident:** Fatality Severe Slight None visible

**Collision with:** Motor vehicle Cyclist No other vehicle Road rage

**Type of injury (please tick all that apply):**

	Head	Torso	Limb
Fracture			
Sprain			
Cut			
Burn			
Bruise			
Graze			

**General description of incident:**

Tick if near miss [ ]

Please complete overleaf section too.

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<b>Parents/Next of Kin contacted? Y / N</b>		
<b>Name of person contacted:</b>		
<b>Relationship to injured party:</b>	<b>Contact number:</b>	<b>Time of call:</b>
<b>Second Party Details:</b>		
<b>Name:</b>	<b>Address:</b>	<b>Phone</b>
<b>No:</b>		
(if applicable) <b>Car reg:</b>	<b>Make/Model</b>	
<b>Colour</b>		
<b>Hospital details</b> (if applicable)		<b>Police details</b> (if applicable)
<b>Incident no.</b>		
<b>Witnesses:</b>		
<b>1. Name</b>	<b>Telephone</b>	<b>Address</b>
<b>2. Name</b>	<b>Telephone</b>	<b>Address</b>

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

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**another party, they should also ring our Incident Claims Line on 0844 736 8452 for legal advice. Thank you.**