Heart of England Cycling Club
Incident Report Form

Heart of England Cycling Club. *(CTC Club No. 90088509)*	**Contact Name and No**
Event organiser or ride leader	**Second contact**
First party name	**CTC member Y/N**
Date of incident	**Second party if applicable**

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.**

First Party Details:

Name: **Address:** **Phone No:**

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

Name of person contacted:

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

Second Party Details:

Name: **Address:** **Phone No:**

(if applicable) **Car reg:** **Make/Model** **Colour**

Hospital details (if applicable)

Police details (if applicable)

Incident no.

Witnesses:

1. **Name** **Telephone** **Address**

2. **Name** **Telephone** **Address**

Please complete and email this form to: HoECC Club Secretary Email: secretary@heartofenglandcyclingclub.org.uk

**All HoECC committee members have on-line access to the Membership system and therefore any next of kin details given at the time of joining.*