

Reporting an Accident/Incident



A step-by-step guide to reporting an incident/accident/near miss during a Cycling UK activity

Accident/ Incident occurs

Immediate action required

- Deal with accident/incident
- Call 999 (if required)
- First Aid (if qualified)

Contact manager/group leader to discuss who to inform when safe to do so eg next of kin/partner organisations

Complete Accident/ Incident Report form

- To report an accident/incident/near miss please use the online form at: tinyurl.com/accident-incident-form
- Complete the form ASAP
- Get full details of all parties involved and any witnesses
- Time and location are essential

Complete further actions to be taken

- Treat each incident as unique
- Confirm with manager or group leader next steps to take
- **Securely destroy any records of personal data as soon as no longer required**

Please keep this form securely and destroy as soon as the incident has been reported at tinyurl.com/accident-incident-form or is no longer required in line with our Data Protection policy.



Name of person reporting:	Contact telephone number:
<input type="text"/>	<input type="text"/>
Date and time of incident:	Approximate location of incident:
<input type="text"/>	<input type="text"/>
Name of manager/group leader/project leader:	Cycling UK membership number (If applicable):
<input type="text"/>	<input type="text"/>

Name of first injured party:	Cycling UK membership number (If applicable):
<input type="text"/>	<input type="text"/>
Contact phone number:	Injured person's address:
<input type="text"/>	<input type="text"/>
Role on ride: rider/guest/volunteer/ride leader/event organiser:	
<input type="text"/>	

Parents/Guardians/Next of kin contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person contacted:	Contact telephone number:
<input type="text"/>	<input type="text"/>
Relationship to injured party:	Time of call
<input type="text"/>	<input type="text"/>

Did the accident/incident happen during a group ride/event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cycling UK Group/Club Name/Project name (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this an accident or near miss?	<input type="text"/>
General description of incident:	<input type="text"/>
<input type="text"/>	