



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
Single Carriageway Additional comments on the road surface:

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: (if yes) Aero Helmet Hard Shell Other Working rear light fitted: Yes No
(if other please give details) Working front light fitted: Yes No

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.