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|   | **General Incident 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** to both the District Council Secretary and accident.reporting@cyclingtimetrials.org.uk 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** The purpose of this form is for the recording of all non-race related incidents/accidents/injury or damage to property that may occur during the course of the entire event. PLEASE DO NOT USE THIS FORM TO REPORT ACCIDENTS PERTAINING TO THE ACTUAL RACE. \*\* DELETE NOT APPLICAPLE |

**Details Of Person Involved**

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Email: | Mobile: | Other: |
| Address |

**Description Of Accident/Incident**

|  |  |  |
| --- | --- | --- |
| Location: | Date: | Time |
|  In As Much Details As Possible, Describe What Caused The Incident/Accident/Injury/Damage To  Property And Any Injuries Sustained  |

|  |  |
| --- | --- |
| Was First Aid Provided At The Scene? \*\*Yes/No | If YES, Who Administered the First Aid? |
| Please Describe the First Aid Administered: |
| Was Hospital Treatment Necessary? \*\*Yes/No | If YES, Name of Hospital/Physician, Date and Time of Visit |
| Please Describe Hospital Treatment Required: |

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| --- |
|  Was the Incident/Accident/Damage Reported to Anyone? \*\* Yes/No (If YES Please Provide their  Details Below) |
| Name: |  Mobile: | Other: |
| Address: |
|  If NO, Explain Why You Chose Not To Report: |
|  |

**Witnessess**

|  |
| --- |
|  Were There Any Witnesses To The Incident \*\* Yes/No (If YES Please Provide their Details Below) |
| Title: | Forename: | Surname: |
| Address |
| Email: | Mobile: | Other: |

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Address |
| Email: | Mobile: | Other: |

**Report Submitted By**

|  |  |  |
| --- | --- | --- |
| Name: | Signature: | Date: |