|  |  |
| --- | --- |
|  | **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 [accident.reporting@cyclingtimetrials.org.uk](mailto: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. (\*\*Delete not applicable)** | |

# Details of the Event

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of event associated with accident: | | | | |
| District Council controlling the event: | | | \*\* Type of Event: Club/Open | |
| Date of Event: | | Course Key Number: | | |
| MOT Road Number: | | | | |
| Event Secretary | Name: | | | Email: |
| Address: | | | | |
| Telephone Number | Mobile: | | | Other: |

**Details of the Competitor/Official Involved in the Accident**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | Forename: | | | Surname: | | | | DOB |
| Address: | | | | | | | | |
| Email: | | | Mobile: | | | Other: | | |
| Club: | | | | | | | | |
| Is the competitor/official a member of another Organisation for example BC/Cycling UK | | Name of Organisation | | | Membership Nos: | | CTT: \*\* Yes/No  CTT Nos | |
| Was the person involved a:  \*\* Competitor/Official/Both | | | Competitors Number: | | | Start Time:  Finish Time: | | |
| Was the competitor wearing a helmet: \*\*Yes/No | | | | | | | | |

## Dec 2023

CYCLING TIME TRIALS IS A COMPANY LIMITED BY GUARANTEE REGISTERED IN ENGLAND No: 4413282

Registered Address: C/O DJH Mitten Clarke Limited, Festival Way, Festival Park, Stoke on Trent, Staffordshire. ST1 5SQ

|  |
| --- |
| Did the competitor have a working front and rear light: \*\*Yes/No |
| Was Hospital treatment required: \*\*Yes/No (if yes give brief description of treatment) |

# Details of the Accident

|  |
| --- |
| Please provide detailed description of **accident** including any sketches, location on the course, direction of travel etc. Any photographs taken should be attached and sent with this form |
| Location of Accident: |
| Time of Accident: |
| Approximate speed of the competitor prior to the accident: |
| Dual Carriageway: \*\*Yes/No |
| Single Carriageway: \*\*Yes/No |
| General information about the stretch of road including the condition of the road where the accident happened (for example on a left hand bend the road was in good condition) |
| Weather: \*\*Dry/Slight Drizzle/Rain/Heavy Rain/Lightening/Snow/Ice/Hail |
| Visibility: \*\*Good/Fair/Bad |
| Wind: \*\*None/Slight/Strong |
| Wind direction at location of accident: \*\* N / NE / E / SE / S / SW / W / NW |

**Police Involvement:**

|  |
| --- |
| Were the Police notified and/or called to the scene? \*\*Yes/No (if yes please give details of the Police Force and Officer involved and forward the Police Report with this form) |

**Other Parties**

|  |  |  |
| --- | --- | --- |
| Were any of the parties involved in the accident/incident stationary at the moment of impact: \*\*Yes/No (if yes please give details below): | | |
| Did the Accident involve :\*\* another rider competing in the event/a motor vehicle/a pedestrian/another rider NOT competing in the event/other (if YES please complete their details below) | | |
| Title: | Forename: | Surname: |
| Email: | Mobile: | Other: |
| Address: | | |
| Insurance Details: | | |
| Apparent Extent of Damage to Property/Injury to Other Party (please give details below): | | |

# Details of any Witnesses to the Incident:

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

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

**Details of Person making this Report:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | Forename: | | Surname: | |
| Email: | | Mobile: | | Other:: |
| Address: | | | | |
| Status (with respect to this accident): | | | | |

**Any Additional Details**

A copy of this report **MUST** be forwarded as **QUICKLY AS POSSIBLE** after the accident to both the District Secretary and [accident.reporting@cyclingtimetrials.org.uk](mailto:accident.reporting@cyclingtimetrials.org.uk) .

*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.