

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: Title: Forename: Surname:

Address:

Telephone (Day) (Evening)

Details of Rider/Official involved in Accident:

Title: Forename: Surname: Age:

Address:

Telephone Number: Club:

Was the person involved a Competitor Competitors number: Time started: Official

Level of experience:

Is the party involved a member of : B.C.F. C.T.C. 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)

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Road and Weather conditions where accident happened (please complete as appropriate):

Road:

MOT Road Number: Condition of Road Surface: Good Normal Bad

Dual Carriageway Additional comments on the road surface:

Single Carriageway

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: Helmet Worn: (if yes) Aero Helmet Hard Shell Other

Yes No Yes No (if other please give details)

Was the accident caused by component(s) failing/breaking/loosening: Yes No

(if yes please give details, include manufacturer and model no.)
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Details of Other Party Involved:

Title: Forename: Surname: Age:

Address:

Telephone:

Insurance Details (if known):

Apparent Extent of Damage/Injury:

Sketch of Accident:

Details of Person making this report:

Title: Forename: Surname: Age:

Address:
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Telephone No. (Day) (Evening)

Status (with respect to this accident)

In your opinion who/what was to blame for this accident

Additional Comments
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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.

July 2009