

# Lincoln Wheelers Cycling Club Ltd Accident/Untoward Incident form.

## 1. Details of person making report

Name: \_\_\_\_\_  
Contact No: \_\_\_\_\_  
Mobile No: \_\_\_\_\_

## 2. Details of club official in charge of activity

Name: \_\_\_\_\_  
Contact No: \_\_\_\_\_

## 3. Details of Accident/Incident

Time: \_\_\_\_\_  
Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Person/s Involved: \_\_\_\_\_

## 4. Description of Accident/Incident (Where applicable, include sketch of scene).

## 5. Details of other parties involved (if required use overleaf for additional information).

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Vehicle Registration: \_\_\_\_\_  
Make/Model: \_\_\_\_\_  
Colour: \_\_\_\_\_ Postcode: \_\_\_\_\_

## 6. Details of medical attention

First Aid Given (Y/N): \_\_\_\_\_  
Ambulance called (Y/N): \_\_\_\_\_  
Hospital (if applicable): \_\_\_\_\_

## 7. Details of police (if reported)

Officers name: \_\_\_\_\_  
Contact details: \_\_\_\_\_  
Incident No: \_\_\_\_\_

## 8. Details of witnesses

Name	Telephone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_