

CTC INCIDENT REPORT FORM

DA/Section/Club: _____ **Group Contact No:** _____

Organiser/leader: _____ **2nd contact:** _____

First Party: Name: _____ **CTC member Y/N** _____ **Date:** _____

Second party (if applicable): _____

General Description of incident:

Tick if Near Miss

Continue on a blank sheet as necessary

Coding of incident:

Type of injury	Head	Torso	Arms	Legs
Fracture (1)				
Sprain (2)				
Cut (3)				
Burn (4)				
Bruise (5)				
Graze (6)				

Who with.	Motor vehicle (MV)	Cyclist (C)	No other vehicle (N)	Road rage (RR)
Fatal (1)				
Severe (2)				
Slight (3)				
None (visible) (4)				

Coding		
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Supplementary information is for serious incidents

First Party Details:

Parents/next of kin contacted? Y / N
Name of person contacted: _____
Relationship to injured party: _____
Contact number: _____
Time of call: _____

Second Party Details:

Name: _____ Address: _____
(and if applicable:) _____
Car reg: _____
Make/Model _____
Colour _____ Post code: _____

Hospital details

(if necessary)

Name of hospital: _____
Hospital address: _____

Hospital tel. number: _____

Police details

(if necessary)

Name: _____
Address: _____

Tel. no. _____
Incident no. _____

Witnesses:

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