**British Masters Cycle Racing**

**Accident/Injury Report Form**

|  |  |  |
| --- | --- | --- |
| Title of Event: |  | |
| Location of headquarters: |  | |
| Time, day and date of start: |  | |
| Organiser’s name: |  | |
| Organiser’s contact details: | Email: | Mobile: |
|  |  | |
| Circumstances of incident: |  | |
| Any claim likely? |  | |
| Police involved? If yes, please provide details: |  | |
| Eyewitness - name. address and mobile: |  | |
| Eyewitness - name. address and mobile: |  | |
|  |  | |
| **Injured person(s)** | | |
| Name: |  | |
| Address inc post code: |  | |
| Age: |  | |
| Mobile number: |  | |
| Email: |  | |
| Details of treatment and injury/loss/damage: |  | |
|  |  | |
| Name: |  | |
| Address inc post code: |  | |
| Age: |  | |
| Mobile number: |  | |
| Email: |  | |
| Details of treatment and injury/loss/damage: |  | |
|  |  | |
| Name: |  | |
| Address inc post code: |  | |
| Age: |  | |
| Mobile number: |  | |
| Email: |  | |
| Details of treatment and injury/loss/damage: |  | |
|  |  | |
| Signature: |  | |
| Completion date: |  | |

Please forward completed form to:- info@bmcr.org.uk