**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