



CTC Incident Report Form

App8

Member Group/Club	Contact Name and No
Event organiser or ride leader	Second contact
First party name	CTC member Y/N
Date of incident	Second party if applicable

First Party Details:		
Name:	Address:	Phone No:

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:	Phone
No:		
(if applicable) Car reg:	Make/Model	
Colour		
Hospital details (if applicable)		Police details (if applicable)
Incident no.		
Witnesses:		
1. Name	Telephone	Address
2. Name	Telephone	Address

Please email this form to: claims@butterworthspengler.co.uk with a copy to CTC Operations Director Carol McKinley carol.mckinley@ctc.org.uk. If the incident happened on a CTC Member Group ride, please also send a copy to groups@ctc.org.uk for our records. If any of the parties thinks they may have a claim against another party, they should also ring our Incident Claims Line on 0844 736 8452 for legal advice. Thank you.