Walk And Cycle London CIC Incident And Emergency Report Form

This form MUST be filled in as soon as possible after the event. It must be scanned and sent to Philippa Robb at hello@walkandcycle.london together with the relevant Risk Assessment form within 24 hours of the event. This form and the relevant Risk Assessment must then be posted to Walk And Cycle London CIC, 48a Loftus Road, London W12 7EN within one working day.

| Lead Instructor Name: |
|-----------------------|
| Co-Instructor Name: |
| Time of Incident: |
| Date: |

Location of Incident

| Injured person Name: | |
|------------------------------|--|
| Next of kin contacted? | |
| Time Contact Made | |
| Name of person contacted: | |
| W&C Contacted Y/N | |
| Time Contact Made | |
| Name of person contacted: | |
| Emergency Services required? | |
| Time Contact Made | |

| Second Party | |
|------------------------------|--|
| Name: | |
| Address: | |
| Car registration: | |
| Vehicle Type/ Model/ Colour: | |
| Phone Number: | |
| | |
| Third Party | |
| Name: | |
| Address: | |
| Phone Number: | |
| Witness 1 | |
| Name | |
| Address | |
| Phone Number | |
| Witness 2 | |
| Name | |
| Address | |
| Phone Number | |

| Summary of events | Give as much detail as possible |
|---|---------------------------------|
| Describe what happened | |
| Tell us what happened next. What action did you take - did you call 999/111? Did you contact W&C? | |
| What action can be taken to prevent this happening again? | |