

INCIDENT REPORT FORM

An incident report form should be completed by the Responsible Person as soon as possible after the occurrence of a relevant incident. For an incident occurring during a club session run, the run leader of the group that experienced the incident is the Responsible Person and, if possible, the form should be completed immediately at the end of the run (i.e. back at the start/finish point of the run, usually the Turks Head). On completion, the form should be passed to a Committee member.

If unable to complete at the end of the club session, the form should be completed electronically and emailed to office@bearcatrunningclub.co.uk.

The receiving Committee Member will liaise with the Club Secretary in order for the details on the form to be recorded on an incident log and for any immediate follow up actions to be identified.

As well as any immediate follow up actions that may be determined, at every Committee meeting consideration will be given to any reported incidents that have occurred since the last meeting and further follow up actions may be identified.

Please Note: The Bearcat Running Club insurance policy provides public liability cover. It protects the club, its officers, coaches, leaders, voluntary workers in connection with any Bearcat Running Club permitted event or other club activity.

It does not provide accident, medical or property insurance (storm damage, fire, theft, loss etc) except in circumstances where these give rise to a claim for negligence or other liability.



1. GENERAL DETAILS

Name of Responsible Person:		
Is the Responsible Person a Club	member? YES / NO	
If NO, please provide contact deta	ails:	
Event/Activity [eg. Club session, r		
Location of incident:		
	Approx Time of Incident	
Outline details of the incident		



If the incident involved anyone sustaining an injury, please complete section 2. If the incident involved any property damage/loss, please complete section 3. Details of witnesses to be added in section 4.

Add other details in section 5 and complete the declaration in section 6.

2. PERSONAL INJURY

Name of Injured Person(s):
Is the Injured Person(s) a Club member? YES / NO
If NO, please provide contact details:
Nature of Injury
Treatment Given
Was the injured person taken to hospital?
Hospital Name and Location
Further Information



3. PROPERTY DAMAGE/LOSS Details of Damage Name of Owner (if known)
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Is the Owner a Club member? YES / NO
If NO, provide contact details:
Further Information



4. WITNESSES or PEOPLE REPORTING INJURY or DAMAGE/LOSS Name Add contact details if they are not a Club member Name Add contact details if they are not a Club member 5. OTHER INFORMATION Has the incident been reported to the police? Details of Officer/Station Please outline any implied or actual threat of legal action



Who in your view is responsible for the incident?	
	g any recommendations for consideration of the
Club Committee	
6. FORM SIGN-OFF	
, , , , , , , , , , , , , , , , , , , ,	ponsible Official [if the incident occurred ould normally be the run leader of the group
The above information is correct a	and complete, to the best of my knowledge.
Name (please print)	
Signed	Date



If not a Club member, please provide contact details

B) To be completed by the receiving Committee Member

I confirm receipt of the completed incident form.	
Name (please print)	
Signed	Date