

# ACCIDENT/INCIDENT REPORT



# CONFIDENTIAL

DATE LODGED	TIME LODGED	COMPETITION NUMBER

EVENT NAME			
EVENT DATE		PERMIT NUMBER	

NAME OF PERSON INVOLVED		DATE OF BIRTH	
COMPETITION LICENCE NO		ISSUED BY	AASA   CAMS
COMPETITION CLASS		LOGBOOK   PASSPORT NO	

ADDRESS				
TOWN		STATE		P/CODE
BH PHONE		MOBILE		
EMAIL				

**INVOLVEMENT AT EVENT**

Competitor  
 Pit Crew  
 Official  
 Spectator

Other \_\_\_\_\_  
 \_\_\_\_\_

**EVENT ACTIVITY DURING INCIDENT**

Scrutiny  
 Reconnaissance  
 Prologue  
 Race

Other \_\_\_\_\_  
 \_\_\_\_\_

**LOCATION OF INCIDENT**

Pit/Paddock  
 Spectator Area  
 Prologue Track  
 Main Track  
 Start/Finish Area

Other \_\_\_\_\_  
 \_\_\_\_\_

**CONDITIONS**

Normal  
 Wet  
 Dusty

Other \_\_\_\_\_  
 \_\_\_\_\_

**ACCIDENT AND RESPONSE DETAILS**

Racing Stopped	Yes   No	Speed of impact _____	Did Driver exit car unassisted	Yes   No	
Racing Modified	Yes   No	Number of Cars Involved _____	Loss of Consciousness	Yes   No	
Fire in Car	Yes   No	Ambulance Required	Yes   No	Injury spsected upon examination	Yes   No
Entrapment	Yes   No	List any obvious injuries _____			

\_\_\_\_\_

**DESCRIPTION OF CIRCUMSTANCE OF INCIDENT**

**DRAWINGS / PHOTOGRAPHS ATTACHED**

Yes | No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME	SIGNATURE	DATE
TITLE	PHONE	

