



EVENT REPORT KIT

On completion of the reports for the AASA Permit Event, all forms are to be returned to AASA Office.
Other forms are accepted when the information meets minimum criteria (i.e. Flag Marshal forms).

COMPLETED

1. Accident/Incident Reporting Instructions
2. Accident/Incident Report(s)
3. Accident/Incident Witnesses
4. Incident Witness Report(s)
5. Chief Scrutineers Report
6. Scrutineers Report(s)
7. Statement by Medical Officer
8. Medical Record(s)
9. Clerk of Course Report
10. Steward's Report

*Incidents in which person(s) involved are taken from the Event via state ambulance
must be reported immediately on 0438 537 458.*



IMPORTANT INFORMATION ACCIDENT/INCIDENT REPORTING INSTRUCTIONS

Emergency Procedures

- (a) **Action:** This Incident Report Kit is to be fully completed for each incident. Each official area must complete their section of the Report and forward it to the Clerk of Course (Race Control) for further action.
- (b) **Notice:** Incidents can happen anywhere; Advise the Clerk of Course as soon as possible after an incident occurs. Notification, regardless of the location of the incident or whether or who you feel is responsible for the bodily injury or property damage, is essential.
- (c) **Statement:** Do not make any statements regarding the cause of the accident. Give no opinions or conjectures to anyone other than your insurance company representative.
- (d) **Witnesses:** Secure name, addresses and phone numbers (home and work) and report of incident from witnesses as soon as possible after the accident.
- (e) **Photos & Drawings:** Make drawings (and where applicable take photographic evidence) of the accident scene as soon as possible and/or retain that item(s) which may have caused the damage/injury.
- (f) **Liability:** Always remember it is not your role to establish liability or fault. Such decision must wait for the conclusion of a comprehensive investigation and the involvement of professional investigators and lawyers.
- (g) **Waiver & Release (if any):** Regardless of whether or not an injured person was in a restricted area, locate signed waiver and release immediately and store it in a safe place.
- (h) **Local Authorities:** If investigated by authorities, identify who and report to the Australian Auto-Sport Alliance Pty Ltd i.e. police - name, division and from what station/office and state.
- (i) **Accident/Incident Report Form:** Collect all information required, complete the form and return it to the Clerk of Course. Information must include facility name and address, date of accident, victim's and witnesses' name, address and phone number. If a fatality, name, address and phone number of a family contact.
- (j) **Incidents in which person(s) are involved are taken from the Event via state ambulance must be reported immediately on 0438 537 458.**

**Remember: Notify the Australian Auto-Sport Alliance of all incidents,
not only those catastrophic in nature.**



ACCIDENT/INCIDENT REPORT (Confidential)

Name of Person involved: Date of Birth:
(Please print)

Address:

City: State: P/code:

Phone (H): () Phone (W): (.....).....

Mobile:

Involvement at Event (please circle):

(Competitor) (Pit Crew) (Official) (Spectator) (Other

Vehicle category: Class:

Vehicle make/model:

Vehicle Passport/Log book No: Competitor No:

Event activity during incident (please circle):

(Testing) (Practice) (Qualifying) (Race) (Other

Venue: Location (e.g. Turn 1):

Date of Incident: Competitor's Licence No:

Time of incident: am/pm Time of Scramble Order: am/pm

Patient circumstances post incident (please circle):

(Incident Site Care) (Circuit Medical Centre) (Off-Site Medical Centre) (Hospital) (Fatality)

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Injured body part/s (e.g. left or right):

Condition of patient (e.g. sprain, fracture, concussion, etc):



ACCIDENT/INCIDENT WITNESSES

1) NAME:
ADDRESS:
PHONE: HOME () WORK ().....
MOBILE:

Please attach statement concerning the incident

2) NAME:
ADDRESS:
PHONE: HOME () WORK ().....
MOBILE:

Please attach statement concerning the incident

3) NAME:
ADDRESS:
PHONE: HOME () WORK ().....
MOBILE:

Please attach statement concerning the incident

4) NAME:
ADDRESS:
PHONE: HOME () WORK ().....
MOBILE:

Please attach statement concerning the incident



INCIDENT WITNESS REPORT

This report is to be completed by witness(s) of the incident and returned to the Clerk of Course following any incident involving car to car contact, car to barrier contact, or apparent injury to any person or possible infringement of the Rules (particularly when danger has been created by the action).

OFFICIAL

DATE

TIME

LOCATION

POINT

CAR NUMBERS

CATEGORY

EVENT (e.g. P4, R2, Run 8)

DESCRIPTION OF INCIDENT OR CIRCUMSTANCES

DIAGRAM FOR NON-CIRCUIT EVENTS



CHIEF SCRUTINEER'S REPORT

Name of Event: Date:

Venue:

Weather Conditions:

Chief Scrutineer:

No. of Competitors: No. of Scrutineers: No. of cars checked:

No. of Incidents involving personal injury: *(Reports to be attached)*

No. of impacts between cars or stationary objects: *(Reports to be attached)*

Names of Line Chiefs:

Line 1:

Line 2:

Line 3:

Line 4:

Comments regarding the scrutineering at Event:

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Name: Date:

Signed: Phone: ()

(Chief Scrutineer)



SCRUTINEER'S REPORT

Competitor: Car No.:

Event No.: Category:

Body Damage

External:

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Internal:

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Roll Bar:

Steering Wheel: Seat:

Crash Helmet – Replace Yes No

Safety Belt – Replace Yes No

Front Suspension: Left

Right

Rear Suspension: Left

Right

Further Remarks:

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Name: Date:

Signed: Phone: ()

(Scrutineer)



STATEMENT BY MEDICAL STAFF

(Medical staff definition: **Dr** = Doctor, **PARA** = Paramedic, **RN** = Registered Nurse, **EN** = Enrolled Nurse)

Date of Incident:	Time of Incident:	
Patient's Name:	Date of Birth:	
1) Where Patient seen:		
2) Nature and Extent of injuries at time of examination:		
3) What treatment was performed – Brief summary:		
4) Subsequent treatment recommended:		
5) What medical emergency vehicle/s and equipment were available at location of patient examination:		
6) Other medical personnel at incident scene:		
Hospital (Y / N and location):		
Name of own medical practitioner:		
Contact Number:		
Own Doctor (Y / N)	Contact Number:	
Emergency Ambulance (Y / N)	Ambulance car number or branch:	
Home to rest (Y / N)	Recommendations or advice given:	
Urgent Y / N	Non-Urgent Y / N	
Recommendation: Competitor able to resume driving (Y / N)		
Should competitors license be suspended (Y / N) *		
*If Yes AASA to be advised immediately		
Remarks – further details:		
Print Name:	Signed:	Date:
Medical Staff Qualification:		
Note Patient Care Record on rear of form to be completed if any treatment performed or full assessment completed		



Surname:		First Name:	
D.O.B.:		Gender:	
Address:			
City, State and P/code:			
Phone (Home):		Phone (Mobile):	
<input type="checkbox"/> Consent to treatment		<input type="checkbox"/> Refuses	
		Casualty's signature	

History of incident or illness

Assessment

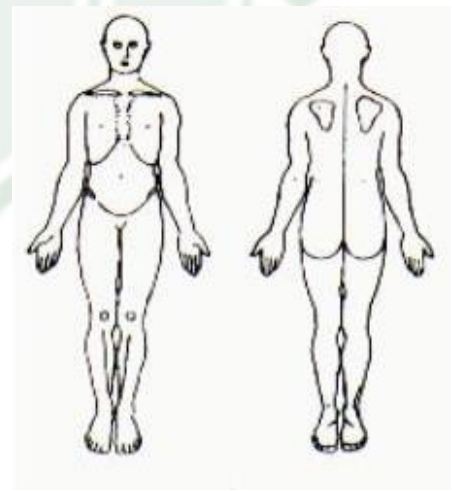
Time				
GCS: 3-15				
Pulse Strength Strong/Weak/Bounding				
Pulse Rate				
Respiration Quality Deep/Shallow/Gasping				
Respiration Rate				
Blood Pressure				
Skin Hot/Warm/Cool/Cold				

Allergies:

Medications:

Past History:

Treatment:



Hospital (Own Transport)	Time of departure:	Destination:	
Ambulance	Time of Call:	Caller:	Arrival time:
Own Doctor	Time of departure:		
Other (police etc)	Service:	Caller:	Time called:
Returned to Event	Time returned:	Who was advised:	

Doctor / Paramedic / Nurse Name:

Signature:

Graphic Key:	A: Abrasion	B: Bleeding	BU: Burns	C: Contusion	D: Discolouration	F: Fracture (diagnosed or queried)	L: Laceration	P: Pain	Sw: Swelling	T: Tenderness
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CLERK OF COURSE REPORT

AASA Permit No: Date:

Name of Event:

Venue:

Organiser Name and Address:

No. of Competitors: Weather Conditions:

No. of Incidents involving personal injury: *(Reports to be attached)*

No. of impacts between cars or stationary objects: *(Reports to be attached)*

Did the Event start on time? If not please give reason:

Where the following personnel in place at the start of the Event:

- | | | | |
|---|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Crash/Rescue | <input type="checkbox"/> First Aid | <input type="checkbox"/> Fire personnel |
| <input type="checkbox"/> Safety Officer | <input type="checkbox"/> Scrutineers | <input type="checkbox"/> Stewards | <input type="checkbox"/> Timing |

Comments regarding the conduct of the Event:

Comments regarding driving conduct or observed license tests:

Name: Date:

Signed: Phone: ()

(Clerk of Course)

Incidents in which person(s) involved are taken from the Event via state ambulance must be reported immediately on 0438 537 458.



STEWARD'S REPORT

AASA Permit No: Date:

Name of Event:

Venue:

Name of Steward:

Name of Clerk of Course:

No. of Competitors: Weather Conditions:

No. of Incidents involving personal injury: *(Reports to be attached)*

No. of impacts between cars or stationary objects: *(Reports to be attached)*

Did the Event start on time? If not please give reason:

Where the following personnel in place at the start of the Event:

- Ambulance Clerk of Course Communications Crash/Rescue
 First Aid Fire personnel Safety Officer Scrutineers Timing

Problems encountered with Competitors:

Did you have to take any action – if so what:

Any problems with Officials – if so what:

Name: Date:

Signed: Phone: ()

(Steward)

Incidents in which person(s) involved are taken from the Event via state ambulance must be reported immediately on 0438 537 458.