



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)

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

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

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



<p>Location of incident <i>(please tick):</i></p> <p><input type="checkbox"/> Loading area</p> <p><input type="checkbox"/> Paddock</p> <p><input type="checkbox"/> Off Road in Paddock</p> <p><input type="checkbox"/> Straight</p> <p><input type="checkbox"/> Curve No.</p> <p><input type="checkbox"/> Fence</p> <p><input type="checkbox"/> Grandstand <i>(please circle):</i> (Seats) (Step) (Landing)</p> <p><input type="checkbox"/> Row <i>(please circle):</i> (Low) (Mid) (Upper)</p> <p><input type="checkbox"/> Other:</p>	<p>Activity of incident <i>(please tick):</i></p> <p><input type="checkbox"/> Passing</p> <p><input type="checkbox"/> Being passed</p> <p><input type="checkbox"/> Sudden Mechanical Failure</p> <p><input type="checkbox"/> Oversteer/Understeer</p> <p><input type="checkbox"/> Maintenance <i>(please circle):</i> (Fuel) (Tyres) (Mechanical)</p> <p><input type="checkbox"/> Loading/Unloading</p> <p><input type="checkbox"/> Other:</p>
<p>Situation (if mechanical failure):</p> <p><input type="checkbox"/> Lost front wheel (L) (R) <i>(please circle)</i></p> <p><input type="checkbox"/> Lost rear wheel (L) (R) <i>(please circle)</i></p> <p><input type="checkbox"/> Cut tyre</p> <p><input type="checkbox"/> Blown engine</p> <p><input type="checkbox"/> Throttle jammed</p> <p><input type="checkbox"/> Other:</p> <p>(if non-mechanical):</p> <p><input type="checkbox"/> Hit by</p> <p><input type="checkbox"/> (Fall) (Slip) (Trip) <i>(please circle)</i></p> <p><input type="checkbox"/> Driver Error</p> <p><input type="checkbox"/> Other:</p>	<p>Surface:</p> <p><input type="checkbox"/> Asphalt</p> <p><input type="checkbox"/> Dirt</p> <p><input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Other:</p> <p>Conditions:</p> <p><input type="checkbox"/> Fine/sunny</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Wet</p> <p><input type="checkbox"/> Irregular</p> <p><input type="checkbox"/> Oily</p> <p><input type="checkbox"/> Other:</p>
<p>Accident & Response Details <i>(please circle):</i></p> <p>FIV scrambled yes / no</p> <p>Racing stopped yes / no</p> <p>Racing modified yes / no</p> <p>Assessed at scene yes / no</p> <p>Assessed at medical centre yes / no</p> <p>Ambulance required yes / no</p>	<p>Did the driver exit car unassisted yes / no</p> <p>Injury suspected upon examination yes / no</p> <p>Speed of impact (circuit) km/h</p> <p>Number of cars involved</p> <p>Fire in car yes / no</p> <p>Entrapment yes / no</p> <p>Loss of consciousness yes / no</p>
<p>Description of circumstance of incident:</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>Drawings / Photographs Attached <i>(please circle):</i> yes / no</p>	
<p>Name: <i>(Please print)</i></p> <p>Signature:</p>	<p>Title:</p> <p>Phone:</p>