

MotorSport New Zealand Accident Report

This form is to be completed by the investigators of the accident such as the organisers/ Clerk of the Course, as soon as an accident has occurred. Attached to this form should also be a **copy of the Steward's report** and **any relevant photos or documentation** if available. If there were any injuries sustained and/or the competitor stood down from competition, a copy of the **on site medical assessment form** and **clearance to compete form** (if applicable) must also be attached and forwarded immediately to MotorSport NZ in Wellington.

1. Event Details	2. Accident Details
<p>Date:</p> <p>Permit Number:</p> <p>Organising Club:</p> <p>Event Location:</p> <p>Please circle:</p> <p style="padding-left: 40px;">Race / Rally / ClubSport / Historic/Classic</p> <p>Stewards:</p> <p>Event Director/Clerk of Course:</p> <p>Accident Investigator:</p>	<p>Involving: Competitor / Event Official / Public</p> <p>Consequence: Non-injury / Injury / Fatal</p> <p>Accident: Date / / Time _____ am / pm</p> <p>Accident Locality: <small>e.g. Hairpin / Higgins / Castrol Corner / Pits / Midway between points 6 and 7 / etc</small></p> <p>Session: Testing / Practice / Racing</p> <p>Weather: Fine / Light Rain / Heavy Rain / Strong Wind</p> <p>Track: Dry / Wet / Slippery</p> <p>Notes:</p>
3. Driver Details	4. Details of Co-Driver/ Other Persons Involved
<p>Name:</p> <p>Address:</p> <p>.....</p> <p>Phone No's:</p> <p>Date of Birth: / /</p> <p>Competition Licence Number:</p> <p>Competition Licence Grade:</p> <p>Competition Licence Expiry Date:</p> <p>Injuries (brief): Nil / Minor / Serious / Fatal</p> <p>.....</p> <p>.....</p> <p>Treated at: Venue / Other</p> <p>Treated by:</p> <p style="padding-left: 40px;"><small>Ambulance / On site medic etc</small></p> <p>Other:</p> <p>Stood Down from Competition: Yes / No</p>	<p>Name:</p> <p>Address:</p> <p>.....</p> <p>Phone No's:</p> <p>Date of Birth: / /</p> <p>Competition Licence Number:</p> <p>Competition Licence Grade:</p> <p>Competition Licence Expiry Date:</p> <p>Injuries (brief): Nil / Minor / Serious / Fatal</p> <p>.....</p> <p>.....</p> <p>Treated at: Venue / Other</p> <p>Treated by:</p> <p style="padding-left: 40px;"><small>Ambulance / On site medic etc</small></p> <p>Other:</p> <p>Stood Down from Competition: Yes / No</p>

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5. Vehicle Details

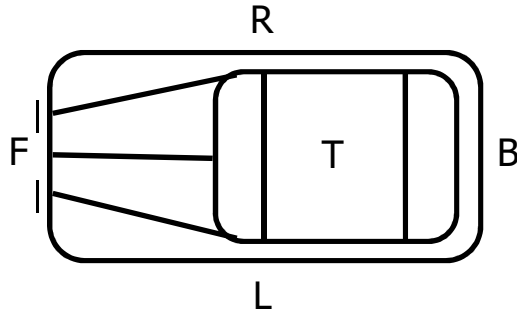
Make / Model:

Class:
Tranzam / Formula Ford etc

Competition Number:

Damage Severity: Nil / Minor / Moderate / Extensive / Fire

DAMAGE LOCATION



Removed to: Pits / Impounded / Other

Other:

Where impounded / Authority etc

6. Accident Diagram

Sketch a diagram of the accident scene, and try to include arrows indicating which way the car/s were travelling, and obstacles and other relevant information that contributed to the accident

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7. Reasons for Accident

Driver Factors:

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Venue Factors:

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Vehicle Factors:

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Other Factors:

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Was there any substantive contact with circuit safety infrastructure (barriers, catch fencing; deceleration beds, run-off areas, tyre walls etc)? **YES/ NO** **If YES describe what happened below:**

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8. Driver Interview Notes

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11. Independent Witness Statements or Other Notes

Name:
Forenames Surname

Residential Address:
..... **Phone:**

Business Address:
..... **Phone:**

Notes:
.....
.....

Name:
Forenames Surname

Residential Address:
..... **Phone:**

Business Address:
..... **Phone:**

Notes:
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12. Declaration

I declare that the information contained in this report is true and correct

Signed:

Title:

Report compiled by:

Date: / /



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