

MotorSport NZ Inc

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| **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.

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| **1. Event Details** | **2. Accident Details** |
| **Date:** …………………………………………………………………………………  **Permit Number:** ……………………………………….........................  **Organising Club:** ……………………………………….........................  **Event Location:** ………………………………………...........................  **Please circle:**  Race / Rally / ClubSport / Historic/Classic  **Stewards**:  **Event Director/Clerk of Course**:  **Accident Investigator:** | **Involving:** Competitor / Event Official / Public  **Consequence**: Non-injury / Injury / Fatal  **Accident:** Date ....... / ....... / ....... Time \_\_\_\_\_\_\_\_ am / pm  **Accident Locality**: .  e.g. Hairpin / Higgins / Castrol Corner / Pits / Midway between points 6 and 7 / etc  **Session:** Testing / Practice / Racing  **Weather:** Fine / Light Rain / Heavy Rain / Strong Wind  **Track:** Dry / Wet / Slippery  **Notes:**  ………………………………………...................................... |
| **3. Driver Details** | **4. Details of Co-Driver/ Other Persons Involved** |
| **Name**:  **Address**:    **Phone No’s**:  **Date of Birth**: ....... / ....... / .......  **Competition Licence Number**:  **Competition Licence Grade**:  **Competition Licence Expiry Date**:  **Injuries (brief):** Nil / Minor / Serious / Fatal      **Treated at:** Venue / Other  **Treated by:** ………………………………...................................  Ambulance / On site medic etc  **Other**:  **Stood Down from Competition:** Yes / No  **RESTRICTED CIRCULATION**  This report is for the use of MotorSport New Zealand only. Do not distribute to public persons or bodies or the news media without prior written permission from an authorised MotorSport New Zealand Inc. representative | **Name**:  **Address**:    **Phone No’s**:  **Date of Birth**: ....... / ....... / .......  **Competition Licence Number**:  **Competition Licence Grade**:  **Competition Licence Expiry Date**:  **Injuries (brief):** Nil / Minor / Serious / Fatal      **Treated at:** Venue / Other  **Treated by:** ………………………………...................................  Ambulance / On site medic etc  **Other**:  **Stood Down from Competition:** Yes / No |

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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**  R  L  T  B  F  **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**:      **Venue Factors:**    **Vehicle Factors:**    **Other Factors**:          **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:** |
| **8. Driver Interview Notes** |
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| **9. Safety Features of the Vehicle/Driver** |
| **Was Helmet worn: Y / N**  **Were Head/Neck Restraints worn: Y / N**  **Was the vehicle fitted with a Roll Cage: Y / N**  **Seats Type (Circle One) Production Seat Competition Seat**  **If Competition Seats Type:**  **Safety Belts Type:** **Expiry**:  **Comments:** |
| **10. Scrutineer/Technical Notes** |
| **Name:** **Licence Number**:  **Event Official Title:**  **Comments:** |

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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:** |
| **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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