

## 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.

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

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## 5. Vehicle Details

Make / Model: .....

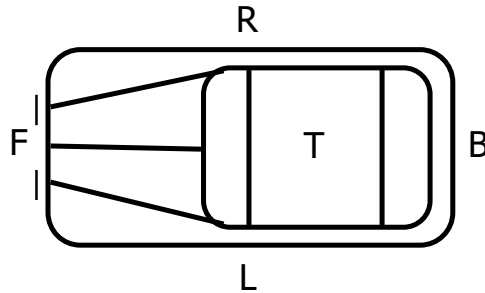
Class: .....

Tranzam / Formula Ford etc

Competition Number: .....

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

### DAMAGE LOCATION



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:** .....

.....

**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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