**ACCIDENT REPORT FORM**

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 and Accident Details** | | | |
| **Organising Club** |  | **Permit Number** |  |
| **Event Name** |  | **Accident Date/Time** |  |
| **Venue** |  | **Accident Locality** |  |
| ***Please circle the appropriate below:*** | |  | |
| **Status of Event**  Race / Rally / ClubSport / Historic | | **Session**  Testing / Practice / Competition | |
| **Weather**  Fine / Light Rain / Heavy Rain / Strong Wind | | **Track Conditions**  Dry / Wet | |
| **Involving**  Competitor / Event Official / Public / Crew | |  | |
| 1. **Person Details** | | | |
| **Person Involved #1** | | **Person Involved #2** | |
| Driver / Co-Driver / Passenger / Other | | Driver / Co-Driver / Passenger / Other | |
| **Name** |  | **Name** |  |
| **Address** |  | **Address** |  |
|  | |  | |
| **Contact No** |  | **Contact No** |  |
| **Date of Birth** |  | **Date of Birth** |  |
| **Competition Licence Details:** | | **Competition Licence Details:** | |
| **Licence Number** |  | **Licence Number** |  |
| **Licence Grade** |  | **Licence Grade** |  |
| **Expiry Date** |  | **Expiry Date** |  |
| **Treated at/by:** |  | **Treated at/by:** |  |
| **Injuries**  Nil / Minor / Serious / Fatal | | **Injuries**  Nil / Minor / Serious / Fatal | |
| **Where were they injured?**  Head / Arms / Torso / Back / Leg / Feet | | **Where were they injured?**  Head / Arms / Torso / Back / Leg / Feet | |
| **Stood down from Competition:**  Yes / No / For rest of event only | | **Stood down from Competition:**  Yes / No / For rest of event only | |

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| 1. **Vehicle Details** | | | |
| **Make / Model** |  | | |
| **Class** |  | | |
| **Competition Number** |  | | |
| **Damage Severity**  Nil / Minor / Moderate / Extensive / Fire | | **Removed to**  Pits / Impounded / Other: |  |
| **Damage Location**  Right    Rear  Front  Top  Left | | | |
| 1. **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** | | | |

**Number of photos taken/attached \_\_\_\_\_\_\_\_\_\_**

**If this accident involved multiple vehicles, please also include AM01A- Accident Report- Multiple vehicles**

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| 1. **Reasons for Accident** | |
| **Identify the cause of the accident (circle one of more):**  Driver / Conditions / Vehicle / Other / Inconclusive: |  |
| **Factors (inc Driver, Venue and Vehicle):** | |
| **Was there any substantive contact with any safety infrastructure (barriers, catch fencing; deceleration beds, run-off areas, tyre walls, trees, residential fences, buildings, power poles, bridges etc)?**  YES / NO | |
| **If YES describe what happened below:** | |
| **Driver / Co-Driver Interview Notes:** | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Safety Features of the Vehicle/Driver** | | | | | | | | | | | |
| **Was Helmet worn:** | | | | | **Y / N Open / Full Face** | | | | | | |
| **Were FHR Restraints worn:** | | | | | **Y / N HANS / Simpson / Other:** | | | | | | |
| **Was the vehicle fitted with a Roll Cage:** | | | | | **Y / N Full Cage / Half Cage / Half with side intrusion** | | | | | | |
| **Seats Type (Circle One)** | | | | | **Production Seat Competition Seat Seat Head Restraints** | | | | | | |
| **If Competition Seats- Type/Markings/Expiry:** | | | |  | | | | | | | |
| **Safety Belts – Type:** | |  | | | | **Expiry:** |  | | **Points:** | | **3 / 4 / 5 / 6** |
|  | | | | | | | | | | | |
| **Comments on Safety Features:** | | | | | | | | | | | |
| **Scrutineer/Technical Notes:** | | | | | | | | | | | |
| **Name:** |  | | | | | | **Licence #:** | | |  | |
| 1. **Independent Witness Statement or Other Notes** | | | | | | | | | | | |
| **Name** | | |  | | | | | | | | |
| **Address** | | |  | | | | | | | | |
| **Contact Number** | | |  | | | | | | | | |
| **Notes** | | |  | | | | | | | | |
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| 1. **Declaration** | | | | | | | | | | | |
| **Report Compiled by** | | |  | | | | | **Title** | | | |
| **Signed** | | |  | | | | | **Date** | | | |
|  | | |  | | | | | | | | |

If there are additional documents or statement’s please attach to this report and return to MotorSport NZ.