

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.

1. Event and Accident Details	
Organising Club _____	Permit Number _____
Event Name _____	Accident Date/Time _____
Venue _____	Accident Locality _____
<i>Please circle the appropriate below:</i>	
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	
2. Person Details	
<u>Person Involved #1</u> Driver / Co-Driver / Passenger / Other	<u>Person Involved #2</u> 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

3. Vehicle Details

Make / Model _____

Class _____

Competition Number _____

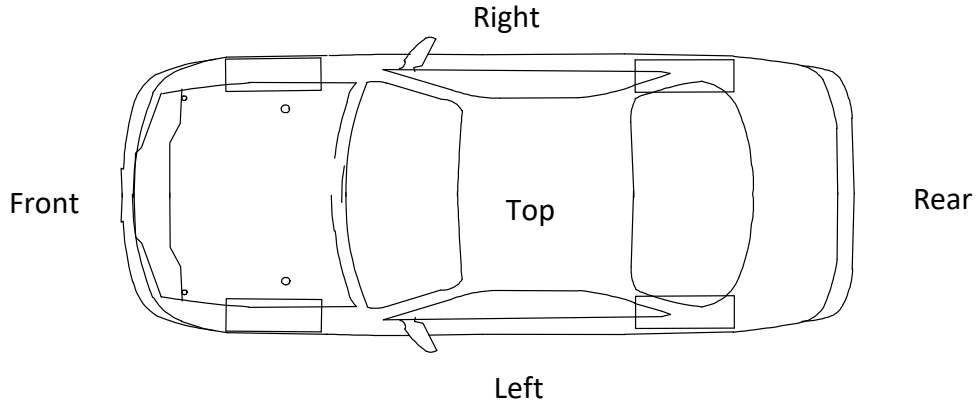
Damage Severity

Nil / Minor / Extensive / Fire

Removed to

Pits / Impounded / Other: _____

Damage Location



4. 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

5. 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:

6. 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 #: _____

7. Independent Witness Statement or Other Notes

Name _____
Address _____
Contact Number _____
Notes _____

8. 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.