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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	
Please circle the appropriate below:		
Status of Event	Session	
Race / Rally / ClubSport / Historic	Testing / Practice / Competition	
Weather	Track Conditions	
Fine / Light Rain / Heavy Rain / Strong Wind	Dry / Wet	
Involving		
Competitor / Event Official / Public / Crew		
2. 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	Injuries	
Nil / Minor / Serious / Fatal	Nil / Minor / Serious / Fatal	
Where were they injured?	Where were they injured?	
Head / Arms / Torso / Back / Leg / Feet	Head / Arms / Torso / Back / Leg / Feet	
Stood down from Competition:	Stood down from Competition:	
Yes / No / For rest of event only	Yes / No / For rest of event only	

3. Vehicle Details	
Make / Model	
Class _	
Competition Number	
Damage Severity	Removed to
Nil / Minor / Moderate	/ Extensive / Fire Pits / Impounded / Other:
Damage Location	Right
Front	Top
	Left
4. Accident Diagram	
Sketch a diagram of the accident relevant information that contribution	t scene, and try to include arrows indicating which way the car/s were travelling, and obstacles and other outed to the accident

Number of photos taken/attached _____

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

6. Safety Features of the V	ehicle/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 w	ith side intrusion			
Seats Type (Circle One)	Productio	on Seat Competition Seat	Seat Head Restraints			
If Competition Seats- Type/Markin	ngs/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						
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8. Declaration						
Report Compiled by		Title				
		Date				
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If there are additional documents or statement's please attach to this report and return to MotorSport NZ.