

AM001A– Accident Report- Multiple Vehicle Accident**1. Event and Accident Details**

Organising Club: _____

Permit #: _____

2. Person Details

Name _____

Address _____

Contact No _____

Date of Birth _____

Competition Licence Details: _____

Licence Grade _____

Licence Number _____

Expiry Date _____

Treated at/by: _____

Injuries _____

Where were they injured? _____

Nil / Minor / Serious / Fatal

Head / Arms / Torso / Back / Leg / Feet

Stood down from Competition: _____

Yes / No / For rest of event only

3. Vehicle Details

Make / Model _____

Class _____

Competition Number _____

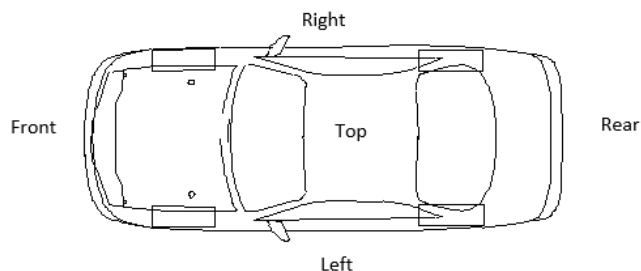
Damage Severity _____

Removed to _____

Nil / Minor / Moderate / Extensive / Fire

Pits / Impounded / Other: _____

Damage Location _____

**4. Safety Features of the Vehicle/Driver**

Was Helmet worn: _____

Y / N

Were Head/Neck Restraints worn: _____

Y / N

Type: HANS / Simpson / Other: _____

Was the vehicle fitted with a Roll Cage: _____

Y / N

Full Cage / Half Cage

Seats Type (Circle One)

Production Seat

Competition Seat

Seat Head Restraints

If Competition Seats- Type: _____

Safety Belts - Type: _____

Expiry: _____

Points: _____

3 / 4 / 5 / 6

Comments on Safety Features: _____

Number of photos taken/attached _____

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