

Incident Report Form

for any incident leading to fatal, serious or potentially serious injury



General information

Date of incident:		Time of incident:	
Type of event:*	Autotest / Autocross / Rallycross / Cross-Country / Circuit Race / Rally / Sprint / Hill Climb / Drag Race / Trial / Kart Race / Other		
Status:			
Organising club:			
Venue:			
permit no.:		Track licence no:	
Weather Conditions:			
Vehicle(s) involved:			

* Delete as applicable

Casualty details

Name:	
Address:	
Licence no.:	
Attending as:*	Competitor / Marshal / Official / Employee / Spectator / Other

* Delete as applicable

Next of kin details

Name:	
Relationship:	
Address:	
Telephone:	
Email address:	

Treatment and injury summary

Name, Contact address and Contact number of doctor or medic:	
Treatment administered:	
Injury summary:	
Any other comments:	

Hospital details (where relevant)

Hospital:	
Contact name:	
Address:	
Telephone:	

Is casualty detained overnight in hospital?

YES

NO

Police attendance

Been notified?

YES

NO

Time notified:

Attending?

YES

NO

Name of officer:	
Contact address:	
Telephone:	

Coroner/PF Officer

Been notified?

YES

NO

Time notified:

Attending?

YES

NO

Name:	
Contact address:	
Telephone:	

Details of involved and impounded vehicle(s)

Competition no.:		Registration no.:	
Make & model:			
Driver:			

Post-accident report enclosed: YES NO

Competition no.:		Registration no.:	
Make & model:			
Driver:			

Post-accident report enclosed: YES NO

Competition no.:		Registration no.:	
Make & model:			
Driver:			

Post-accident report enclosed: YES NO

Competition no.:		Registration no.:	
Make & model:			
Driver:			

Post-accident report enclosed: YES NO

Location where vehicle(s) is/are impounded:	
Person responsible for safekeeping of vehicle(s):	
Telephone:	
Email address:	

Details of other parties involved

Name	Contact no.	Involvement & capacity at meeting

Details of any witnesses

Name	Contact no.	Capacity at meeting	Statement attached ()

Details of Environmental Health Officer

Been notified: YES NO In attendance: YES NO

Name:	
Local authority:	
Job title:	
Contact address:	
Telephone:	

Details of Steward / Official completing this form

Steward:			
Licence no.:			
Signed:		Date:	
		Time:	

Please ensure that this form is returned to Motorsport UK with the relevant Steward's Report