

Incident Report Form

For any incident indicated on the Medical Statistics Report form as a Code 4.



General information

Date of incident:		Time of incident:	
Type of event:			
Status:		Organising club:	
Venue:		Permit no.:	

Casualty details

Name:			
Licence no.:		Make of helmet:	
Attending as:*	Competitor / Marshal / Official / Employee / Spectator / Other		
Address:			
Vehicle(s) involved:	<i>Provide details of make, model, competition number</i>		

* Delete as applicable

Details of other parties involved

Name	Contact no.	Involvement & capacity at meeting

Details of any witnesses

Name	Contact no.	Capacity at meeting (attach statement if provided)

Sketch of incident location

Has the local Environmental Health Officer been notified:

YES NO

If yes, please provide contact details: _____

Details of MSA Steward / Official completing this form

Motorsport UK Steward:		Licence no:	
Signed:		Date:	
		Time:	

Documents enclosed (tick as appropriate)

Medical report

Scrutineer's report

Witness statements

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