**Rally Marshal Incident Report Form**

**PLEASE COMPLETE ONE OF THESE FORMS FOR EVERY NOTIFIABLE INCIDENT YOU HAVE INFORMED RADIO CONTROL OF.**

**PLEASE USE REVERSE FOR ANY ADDITIONAL COMMENTS. THIS FORM MUST BE USED WHERE MEDICAL ASSISTANCE WAS REQUIRED.**

This form, once completed, **MUST** be returned to the Event Safety Officer at Rally Headquarters – directly or via the Sweeper Car.

 At time of the incident:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Event**: | Weather: | Dry |  | Wet |  | Ice |  |  |  |
| **Stage No. & name**: | Visibility: |  |  | Good |  | Poor |  |  |  |
| **Your name and location:** | Stage condition: | Dry |  | Wet |  | Ice |  | Snow |  |
|  | Stage surface: |  |  | Sealed |  | Unsealed |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Time:** |  | **Time:** |
| **Incident occurred:** |  | **Incident reported:** |  |
|  |  |  |  |
| **Stage held:**  |  | **Stage restarted:** |  |
|  |  |  |  |
| **Rescue Unit at scene:** |  | **Doctor/Paramedic at scene:** |  |
| **Rescue Unit leave scene:** |  | **Doctor/Paramedic leave scene:** |  |
|  |  |  |  |

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| --- |
| **What happened:**  |
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|  |  |
| --- | --- |
| **Actions taken and/or observations made:** | **Time:** |
|  |  |
|  |  |
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|  |  |
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|  |  |
| --- | --- |
| **Witness details (**Names, Addresses etc.) | **Witness details (**Names, Addresses etc.) |
| Name: | Name: |
| Address | Address |
|  |  |
|  |  |
|  |  |
| Tel No. | Tel No. |

**Print and sign your name:**

|  |  |
| --- | --- |
| **Print** | **Date** |
| **Signed** | **Time report completed** |