

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.

Event:
Stage No. & name:
Your name and location:

At time of the incident:

Weather: Dry Wet Ice

Visibility: Good Poor

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:	

What happened:

Actions taken and/or observations made:	Time:

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