



2009 INCIDENT REPORT FORM

TO BE USED BY AUTHORISED PERSONNEL AND RETURNED TO THE MA STEWARD NO LATER THAN IMMEDIATELY AFTER THE CONCLUSION OF THE MEETING.

IMPORTANT – PLEASE READ THE FOLLOWING:

1. This form is to be completed in every instance involving personal injury and/or damage to property and forwarded IMMEDIATELY to the SCB.
2. Please do not reply to any communication from a Third Party but forward it to the SCB.
3. When completing this form please provide **FACTUAL INFORMATION ONLY**. Please do not speculate or express personal opinion unless it is specifically requested.
4. **DO not** admit liability, accept responsibility or promise / offer compensation under any circumstances.

TRACK DETAILS: This panel MUST be completed in FULL

Name of Insured: _____

Name of Track: _____

Telephone Number: _____

Address / Location: _____

Completed By: _____

Official Position: _____

GENERAL QUESTIONNAIRE: This panel MUST be completed in FULL

1. When did the accident happen? Day: _____ Date: _____ Time: _____

2. Where did it happen?

3. How did it happen?

4. What form of lights illuminated the area? Natural / Lights / Unlit etc.

5. Who reported it to you?

Name: Reported Date:

Address:

6. Were there any witnesses? Yes / No (If yes, please provide details)

Name: Telephone Number:

Address:

Name: Telephone Number:

Address:

7. Have you received any notice of a claim from the person injured or the owner of the damaged property? YES / NO

If yes, indicate whether: Verbal YES / NO or in writing YES / NO

(Attach original correspondence to this form).

DETAILS OF INJURIES: Complete this Panel where Applicable

1. Give the following information about the person injured: (if known)

Name: Approximate Age: Yrs Male / Female

Address:

Occupation:

Employer:

2. In your opinion, was the injury: Very Serious / Serious / Minor?

3. What was the nature of the injury?
.....
.....
.....

4. Was it necessary to call for immediate medical assistance? YES / NO – If YES, state whether First Aid, Doctor or Ambulance attended and Name of First Aid / Doctor / Hospital:
.....
.....

(ATTACH A COPY OF FIRST AID / AMBULANCE REPORT, IF APPLICABLE)

5. Did person refuse treatment? If so, Briefly explain circumstances:
.....
.....

DETAILS OF PROPERTY DAMAGE: (Complete the panel where applicable)

1. Give the following information about the owner of the damaged property: (if known)

Name: Telephone Number:

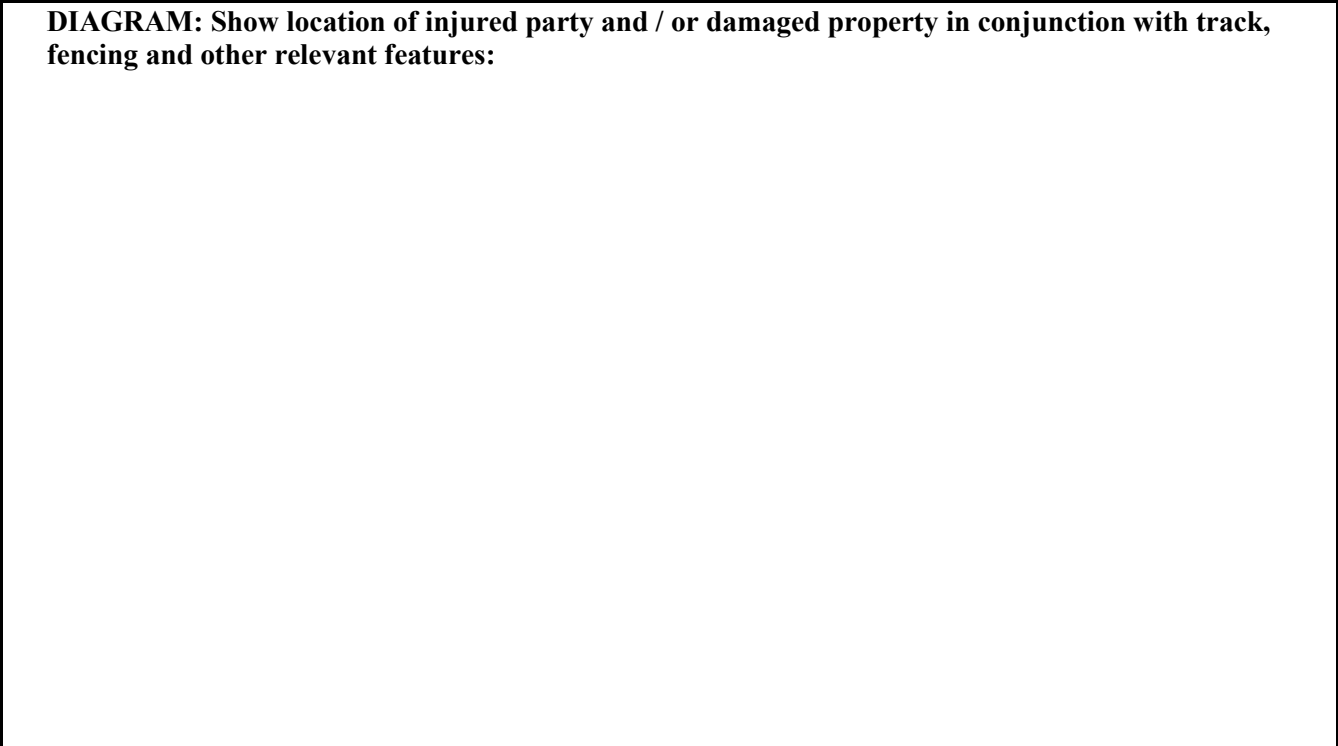
Address:

Postcode:

2. Describe the damaged property:
.....
.....
.....

3. What is the estimated cost of repair or replacement: \$

DIAGRAM: Show location of injured party and / or damaged property in conjunction with track, fencing and other relevant features:



Signature: Date:

Print Name: