



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 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: _____
Postcode: _____
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: Yes No 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: _____ | |