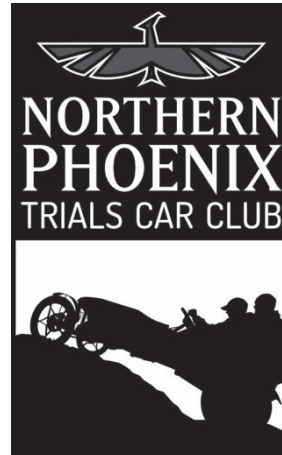


Accident and Incident Record



1. About the person involved in the accident or incident

Full Name

Address

Postcode

Occupation

Age if under 18

Type of Participant Passenger Driver Marshal Other Official Spectator Other (Specify)

2. About you, the person filling in this record

Position held in Club (tick box) First Aider Marshal Clerk of Course Secretary of Meeting Other (Specify)

3. About the accident or incident

Say when it happened Date: / / Time:

Say precisely where it happened (location)

Type of Event (tick box) Club Trial BTRDA / MSA Trial Practice Day Training Event Social Event Other (Specify)

Say how it happened – give the cause if you can

If the person who had the accident suffered an injury, say what it was

Say what action was taken

Was first aid treatment required? No Yes If Yes give details and name of first aider if not given above

Were any of the following contacted? (tick box) Ambulance Police Parent/Guardian Nominated Contact

What happened to the person after the accident / incident? (tick box) Carried-on with activity Retired and stayed at event Went home Went to hospital Other (Specify)

4. Additional Information (if any, eg details of witness(es) in the event of serious injury)

5. Consent (to be given by the person who was the subject of the accident / incident)

By ticking the box below, I give my consent to the Club retaining my personal information and details of the accident / incident which appear on this form and disclosing such to attending emergency services personnel, officers of the Club responsible for health and safety for them to carry out their health and safety functions and the Motor Sports Association if the incident has to be notified under their regulations.

Signature

Date: / /

6. True and Accurate Record (to be signed by the person completing this form)

The information given on this form is a true and accurate record of the accident / incident.

Signed

Date: / /

Revised 05/2015