



## INCIDENT REPORT

Permit Number: \_\_\_\_\_

Event Type & Status: \_\_\_\_\_

Organisers: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Venue: \_\_\_\_\_

Time Incident Occurred: \_\_\_\_\_

Course Condition: wet/dry, (i.e. Oil etc) \_\_\_\_\_

Location of the Incident: \_\_\_\_\_

Competitors Name: _____	Number: _____		
Make of machine: _____	Capacity/Class: _____		
Did the competitor receive medical attention? _____	Yes / No _____	Taken to hospital? _____	Yes / No _____
Injuries: _____			
Summary of Incident: _____			

Any other competitors involved? \_\_\_\_\_ Yes / No \_\_\_\_\_ If yes please give details in the additional information section

Competitors Name: \_\_\_\_\_ Number: \_\_\_\_\_ Make of Machine: \_\_\_\_\_ Capacity/Class: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any spectators involved? \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zone Marshall: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

\_\_\_\_\_

Any further details or sketches can be places in the additional information sheet attached.

## Additional Information