



Fax to: 03 9211 3506
Attention: Jeremy Gray – AON Risk Services

PRELIMINARY MAJOR INCIDENT REPORT
(Where the injured person(s) has been transported or recommended for transport to hospital)

Please note: This form must be faxed within 48 hours of incident to AON & your local LCB

Date of Incident: ___/___/___ Track Name: _____

Name of Injured Person: _____

Status (Please Circle): (Rider) (Pit Crew) (Official) (Spectator)(Other) _____

Licence type: (please circle)
National Club Nipper One Meeting Single Recreational Licence Number

Injury Details: _____

Description of Incident: _____

Form Completed By: _____ Title: _____

Faxed _____ (date) Time _____

Signature: _____ Position _____ Phone Number: _____

Note: Follow all established procedures in relation to the Incident/Accident.
For Further information contact AON on (03) 9211 3000 (Jeremy Gray/John Simmons).