



# INCIDENT REPORT FORM

(For all incidents other than competitor injuries  
ie official, spectator etc)

To be used only 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 LCB.
2. Please do not reply to any communication from a Third Party but forward it to the LCB.
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 No: ..... Fax No: .....  
Address/Location .....  
of Track: .....  
Completed by: .....  
Official Position .....

**GENERAL QUESTIONNAIRE This panel MUST be completed in FULL**

1. When did the accident happen? Day: ..... Date...../...../19.... Time: ..... AM/PM
2. Where did it happen? .....  
.....  
.....
3. How did it happen? .....  
.....  
.....  
.....
4. What form of lighting illuminated area? Natural/Lights/Unlit etc.
5. Who reported it to you?  
Name: ..... Reported: ...../...../19.....  
Address: .....
6. Were there any witnesses? YES/NO. If YES, provide details:  
Name: .....  
Address: ..... Telephone: .....  
Name: .....  
Address: ..... Telephone: .....
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: ..... Approx. Age: .....yrs Male / Female

Address: .....

Occupation: ..... Employer: .....

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

3. What is 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 available)

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

**DETAILS OF PROPERTY DAMAGE:**

Complete this panel where applicable

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

Name: .....

Address: .....

Postcode ..... Telephone: .....

2. Describe the damaged property

4. 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: .....

**CAUTION:** Do not delay in completing and forwarding this form to the LCB. Failure to do so may jeopardise your right to indemnity under the Liability policy.