INCIDENT REPORT FORM

ASSOCIATION OF MOTORING CLUBS Inc.

To be completed at the event by the nominated event safety representative

Club Name:

Event Name:

Site/Venue of accident: *Exact location overleaf....*		**Date**	
Person Incident Reported BY:		**Role**	
Email		**Phone**	
Person Incident Reported TO:		**Role**	
Email		**Phone**	

Time of Accident		**Vehicles Involved (Reg No)**	
Weather Conditions			
Event Team member(s) in charge of and/or supervising injured party		**Numbers under supervision**	

INJURED PERSON DETAILS:

Name			
Address			
Phone		**Date of Birth**	
Email			
Entrant/Spectator/Volunteer/Other			
Experience in Activity	Beginner/moderate/experienced		

EQUIPMENT or VEHICLE DETAILS:

Operator Name			
Address			
Phone		**Registration No**	
Email		**Licence No**	
Damage Incurred			

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ACCIDENT OCCURRED WHILE:

☐ Driving ☐ Walking ☐ If other please detail

INJURY LOCATION:

☐ Head (Skull, Face, Jaw, Ears) ☐ Eyes ☐ Neck

☐ Trunk (Chest, Abdomen, Buttock, Pelvis) ☐ Spine ☐ Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb)

☐ Leg (Hip, Thigh, Knee, Ankle, Foot, Toe) ☐ Internal ☐ If other please detail

INJURY SEVERITY:

☐ First Aid (Continued activity) ☐ First Aid (Went home) ☐ First Aid (sought medical attention after leaving)

☐ Ambulance ☐ Hospital Treatment ☐ Doctor's or Dental Treatment

☐ Fatal ☐ Other (please detail)

WITNESS DETAILS:

Name			
Address			
Phone(s)		**Date of Birth**	☐ AOMC Member ☐ Volunteer/Other attendee ☐ Other (specify)

ACCIDENT SUMMARY	Description of accident, exact location, observations of signs and symptoms of injuries, treatment and follow up; include times and names of those involved in treatment at all stages.

☐ Photos taken and attached. If possible, photos should be taken to support the incident reporting

☐ Other Incident Reports attached

Name _____ **Signed** _____ (Report by) **Date:** _____

Submit a copy of the Incident Report to the AOMC Office within 24 hrs

ARCHIVE: This document was submitted for review and archiving at the Committee Meeting held

Date:…./…./…….. Signed:_____ Name:_____

This record is to be retained by the club, to be available in the event of a future insurance claim

AOMC OFFICE USE ONLY: Date Received	INSURER NOTIFIED ☐ DATE:	CLAIM No: