

PRELIMINARY ACCIDENT / INCIDENT REPORT

INJURED: (Driver) (Pit Crew) (Official) (Spectator) (Other): _____ Name: _____ Category: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five Address: _____ City: _____ State: _____ Post code: _____ Phone: () _____ Age: _____ Sex: (M) (F)	Event: Track Name: _____ Track City: _____ Race Name: _____ Race Type: _____ Vehicle Type: _____
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INJURY/DAMAGE:	TIME:	DISPOSITION:
DATE OF INJURY: _____	<input type="checkbox"/> Morning	<input type="checkbox"/> On-Site Care Only
INJURED BODY PART: _____	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Ambulance to: _____
CONDITION: _____	<input type="checkbox"/> Evening	<input type="checkbox"/> City: _____
(Sprain, Fracture, Concussion, etc.)		<input type="checkbox"/> Fatality <input type="checkbox"/> Refused Treatment

OCCASION <input type="checkbox"/> PRACTICE <input type="checkbox"/> PRE-RACE PREPARATION <input type="checkbox"/> QUALIFYING RUN/TRIALS <input type="checkbox"/> DURING RACE <input type="checkbox"/> DURING RACE/YELLOW FLAG <input type="checkbox"/> BETWEEN RACES <input type="checkbox"/> AFTER RACES <input type="checkbox"/> NON-RACE BUSINESS <input type="checkbox"/> OTHER: _____	LOCATION: <input type="checkbox"/> GARAGE AREAS <input type="checkbox"/> PITS (Entrance) (Exit) <input type="checkbox"/> START/STAGING AREA <input type="checkbox"/> TURN # _____ <input type="checkbox"/> STRAIGHTWAY <input type="checkbox"/> GRANDSTAND <input type="checkbox"/> OTHER: _____	ACTIVITY: <input type="checkbox"/> RACING <input type="checkbox"/> TO/FROM PITS <input type="checkbox"/> VEHICLE MAINTENANCE/REPAIR <input type="checkbox"/> LOADING/UNLOADING <input type="checkbox"/> OTHER: _____ _____ _____ _____ _____
SITUATION <input type="checkbox"/> HIT BY RACER <input type="checkbox"/> HIT RACER <input type="checkbox"/> HIT FENCE/WALL <input type="checkbox"/> HIT BY DEBRIS (Log/Rock) (Vehicle Part) <input type="checkbox"/> FELL (Slip) (Trip) (Pushed) <input type="checkbox"/> OTHER: _____	SPECIAL CIRCUMSTANCES: <input type="checkbox"/> LOST WHEEL <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> CUT TYRE <input type="checkbox"/> BLOWER LIFTED <input type="checkbox"/> BLOWN ENGINE <input type="checkbox"/> STUCK THROTTLE <input type="checkbox"/> WET TRACK <input type="checkbox"/> OTHER: _____	DIAGRAM: _____ _____ _____ _____ _____ _____ _____ _____

DESCRIBE HOW ACCIDENT HAPPENED: _____

If insufficient space use additional page.

COMPLETED BY: _____	TITLE: _____
SIGNATURE: _____	DATE: _____

Complete and return to:
Trans-West Insurance Brokers
PO Box 285 Liverpool NSW 1871
Fax: (02) 9821 2010

STATEMENT BY TRACK MEDICAL OFFICER

1. Name of injured person: _____
2. Where attended: _____
3. Nature and extent of injuries at time of examination: _____

4. What (if any) treatment performed: _____

5. Subsequent treatment recommended: _____

Hospital	<input type="checkbox"/>	Own Doctor	<input type="checkbox"/>	Urgent	<input type="checkbox"/>
Home to rest	<input type="checkbox"/>	Other	<input type="checkbox"/>	Non Urgent	<input type="checkbox"/>

Signed: _____
(Medical Officer)

Print Name _____
(Medical Officer)

Remarks: _____

LIABILITY INCIDENT REPORTING INSTRUCTIONS

Emergency and Action Procedures

- (a) **Action:** Follow your written plan and take appropriate care of all victims.
- (b) **Notice:** Incidents can happen anywhere; advise Trans-West Insurance Brokers immediately after an incident occurs. **Complete the Preliminary Accident / Incident Report form and mail/fax directly to Trans-West Insurance Brokers.** A loss adjuster will be appointed if required.
- (c) **Statement:** Do not make any statements regarding the cause of the accident. Give no opinions or conjectures to anyone other than your insurance company representative. **(NO NOT ADMIT TO LIABILITY. DO NOT INFER OR PROMISE TO PAY.)** Use only the acceptable statement: *"the accident is under Investigation"* **NOTHING MORE!**
- (d) **Investigation:** Co-operate with the loss adjusters. Let them make any and all conclusive investigations.
- (e) **Witnesses:** Secure names, addresses and phone numbers (home and/or work) of witnesses as soon as possible after the accident.
- (f) **Photos:** Take photos of accident scene as soon as possible after the accident and/or retain the item(s) which may have caused the damage/injury.
- (g) **Local Authorities:** If investigated by local authorities (Police, Fire, Ambulance) please provide reference number and details of attending unit.

PERSONAL ACCIDENT REPORTING INSTRUCTIONS

Remember: You must notify all incidents not just those catastrophic in nature.

1. **Notice:** Nothing can be handled by the insurance company without all the information. Complete the Preliminary Accident / Incident Report form immediately. **The form must be sent to Trans-West Insurance Brokers.**
2. **Claims:** Complete all information on the Claim Form if and when the injured driver, pitcrew, official or voluntary worker is proceeding with a claim under the Personal Accident Policy.
3. **Indemnity Form** (if required). If insured person was in a restricted area, locate signed indemnity form immediately and store in a safe place.