



INCIDENT REPORT

- All Events including Authorised Practice at KA Licensed Circuits

This report is to be completed and forwarded to the Clerk of the Course following any incident involving kart to kart contact, kart-to-barrier contact, apparent injury to any person or possible infringement of the rules (particularly where danger has been created by the action). If the incident occurred during authorised practice at an KA Licenced Circuit outside of an KA Permitted Event, this report must be completed and forwarded to the Club Secretary at the earliest possible time after the incident. Additional reports (eg. Injury and/or accident reports) must be attached to this form.

Name		Date		Time of incident	
Residential address					
Name of person completing form		Official position or relationship to the named person			
Circuit name		Address			
Place where incident occurred (e.g. turn 2, pits, start etc)		Activity being undertaken at the time of incident (e.g. racing, practice, pit work)			
Details of the incident					
Description of the incident and circumstances associated (Use reverse if necessary)					
Diagram of incident (Use reverse if necessary)					
Witness details					
Witness 1	Name	Location		Contact no.	
Witness 2	Name	Location		Contact no.	
Witness 3	Name	Location		Contact no.	
Remarks (Use reverse if necessary)					
Signature of person submitting report				Date	

STATEMENT BY TRACK MEDICAL OFFICER

Name of injured person:			
Where attended:			
Nature and extent of injuries at time of examination:			
What (if any) treatment recommended:			
Subsequent treatment recommended:	<input type="checkbox"/> Hospital <input type="checkbox"/> Home to rest	<input type="checkbox"/> Own Doctor <input type="checkbox"/> Other	<input type="checkbox"/> Urgent <input type="checkbox"/> Non Urgent
Signed (Paramedic):		Print name (Paramedic)	
Remarks:			

<p>LIABILITY INCIDENT REPORTING INSTRUCTIONS</p> <p style="text-align: center;">Emergency and action Procedures</p> <ol style="list-style-type: none"> a) Action: Follow your written plan and take appropriate care of all victims b) Notice: Incidents can happen anywhere; advise Arthur J. Gallagher immediately after an incident occurs. Complete the Preliminary Accident / Incident Report form and forward directly to Arthur J. Gallagher. 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: <i>"the accident is under investigation"</i> NOTHING MORE! d) Investigation: Co-operate with the loss adjusters. Let them make any and all conclusive investigations. e) Witness: Secure names, addresses and phone number (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. 	<p>PERSONAL ACCIDENT REPORTING INSTRUCTIONS</p> <p style="text-align: center;"><i>Remember: You must notify all incidents not just those catastrophic in nature</i></p> <ol style="list-style-type: none"> 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 the Arthur J. Gallagher. 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
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