## **Accident and Incident Record**

1. About the person involved in the accident or incident	TRIALS CAR CLUE
Full Name	TRIALS CAR CEUE
Address	
	Postcode
Occupation	Age if under 18
Type of Participant Passenger Driver Marshal Other Official Sp	Other Dectator (Specify)
2. About you, the person filling in this record	
Position held in Club (tick box) First Aider Marshal Clerk of Course	Other Secretary of Meeting (Specify)
3. About the accident or incident	
Say when it happened Date: / /	Time:
Say precisely where it happened (location)	
Type of Event (tick box)  Club BTRDA / Practice Trial MSA Trial Day  Say how it happened – give the cause if you can	Training Social Other Event Event (Specify)
If the person who had the accident suffered an injury, say what it w	as
Say what action was taken	
Was first aid treatment required? No Yes If Yes give deta	ails and name of first aider if not given above
Were any of the following contacted? (tick box)  Ambulance	Police Parent/Guardian Nominated Contact
What happened to the person after the accident / incident? (tick box) Carried-on Retired a	and Went Went to Other

with activity

4. Additional Information (if any, eg details of witness(es) in the event of serious injury)

stayed at event

home

hospital

(Specify)

5. Consent (to be given by the person who was the subj	ect of the accident / incident)			
By ticking the box below, I give my consent to the Club retaining my				
appear on this form and disclosing such to attending emergency sel safety for them to carry out their health and safety functions and the				
their regulations.	Motor oports Association if the inclu	אונוומט ננ	) be notined di	iuei
	D (	,	,	
Signature	Date:	I		
6. True and Accurate Record (to be signed by the person	on completing this form)			
The information given on this form is a true and accurate reco	rd of the accident / incident.			
Signed	Date:	1	1	
Signou	Date.	1	1	

Revised 05/2015