

MI Accident Report Form

To be completed by Clerk of Course - One form to be completed for each accident requiring hospitalization

Organising Club: _____

Event: _____ Date: _____ Time: _____

Name of Injured Person(s)			
Phone Number			
Role at Event <i>Driver / Navigator / Official / Spec</i>			
Licence Number			
Brief description of Injuries			

Details of Car(s) involved and damage sustained: _____

Please give details of the attending:

Doctor: _____ Rescue Vehicle: _____
 Ambulance: _____ Hospital: _____
 Officials at scene: _____

Accident Location:

Description of accident circumstances (incl. diagram on separate sheet if possible) / potential causes:

Weather Conditions		Visibility		Road Character		Road Condition	
Clear	Fog	Good	Poor	Level	Hillcrest	Dry	Oil
Cloudy	Rain	Fair	Nighttime	Uphill	Downhill	Wet	Snow / Ice

Circle the appropriate words.

Witness details:

Name	Address	Telephone No

Please attach any further information you have regarding this incident.

Prepared by (and role): _____ (if other than Clerk of Course)

Clerk of Course: _____ (Signature)