Incident Report – Technical Off Road

(Note: A separate form must be used for each machine involved).

Name of injured competitor / person: ..... Race No: .....

Make of Machine: ..... Engine Capacity: cc

Year of Manufacture: ..... Solo/Sidecar: .....

EVERY QUESTION MUST BE ANSWERED BY A SIMPLE YES OR NO

Tick in appropriate box.

Section 1

	Front				Rear			
Tyre condition OK?	Yes	☐	No	☐	Yes	☐	No	☐
Wheel condition OK?	Yes	☐	No	☐	Yes	☐	No	☐
Are wheels free to rotate	Yes	☐	No	☐	Yes	☐	No	☐

Section 2

Frame broken?	Yes	☐	No	☐
Suspension at front OK?	Yes	☐	No	☐
Suspension at rear OK?	Yes	☐	No	☐
Petrol tank fixing OK?	Yes	☐	No	☐
Seat fixing OK?	Yes	☐	No	☐
Footrest OK?	Yes	☐	No	☐

Section 3

Handlebars OK?	Yes	☐	No	☐
If broken, specify handlebar material				
Control cables broken?	Yes	☐	No	☐
If "yes" specify which cable				
Clutch operation OK?	Yes	☐	No	☐
Front brake operation OK?	Yes	☐	No	☐
Rear brake operation OK?	Yes	☐	No	☐

Section 4

Failure of any other parts of the Motorcycle? Yes ☐ No ☐

If "yes" name the part or parts and specify the exact nature of the failure .....

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Section 5

Helmet Make ..... Type .....

Damaged?	Yes	☐	No	☐
Did it come off in the accident?	Yes	☐	No	☐
If "yes" was the strap still fastened?	Yes	☐	No	☐

Any special comments .....

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Section 6

Were Goggles Worn at time Yes ☐ No ☐

Were they damaged in the accident? Yes ☐ No ☐

Any special comments on the condition of the visor/goggles

Section 7

Protective Clothing/Body Armour? Yes ☐ No ☐

Boots damaged? Yes ☐ No ☐

Any special comments

Section 8

Very Important After initial inspection the machine must be handed over to the Organiser as soon as possible. While under the Organisers' jurisdiction the machine must be securely stored to prevent tampering or theft and be available for inspection by the necessary authorities.

Record the details of the hand over below:

Name of person/organisation holding the machine:

Location and address:

Key holders name:

Position/designation:

Telephone Number : Day Evening Mobile

Received by: Name Signature

Date Time

Please note any comments about machine security below if necessary

Form Completed by _____ Licence Number _____

Address _____

_____

_____ Postcode _____

Tel _____ Mobile _____

Email _____