



# Incident Report - Technical

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

RR1/2018

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

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

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

Description of accident: Attach drawings, diagrams, or maps of the track indicating the nature of the accident, showing the location of all relevant victims, machines, personnel, or physical objects:

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### EVERY QUESTION MUST BE ANSWERED BY A SIMPLE YES OR NO

Tick in appropriate box.

#### Section 1

|  | Front                         |                                 | Rear                          |                                 |
|--|-------------------------------|---------------------------------|-------------------------------|---------------------------------|
| Tyre condition OK?                     | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     |
| Tyre slick?                            | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     |
| Evidence of oil on tyres?              | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     |
| Wheel condition OK?                    | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     |
| Specify type                           | Cast <input type="checkbox"/> | Spoked <input type="checkbox"/> | Cast <input type="checkbox"/> | Spoked <input type="checkbox"/> |
| Specify material if cast or other type | Aly <input type="checkbox"/>  | Mag <input type="checkbox"/>    | Aly <input type="checkbox"/>  | Mag <input type="checkbox"/>    |
| Are wheels free to rotate              | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     |

#### Section 2

|                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| Frame broken?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Suspension at front OK? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Suspension at rear OK?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Petrol tank fixing OK?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Seat fixing OK?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Footrest OK?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

#### Section 3

|                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| Handlebars OK?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If broken, specify handlebar material |                              |                             |
| Sufficient clearance for handlebars?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Steering lock OK?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Control cables broken?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "yes" specify which cable          |                              |                             |
| Hydraulic pipes broken?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "yes" specify which pipe           |                              |                             |

|                           |     |                          |    |                          |
|---------------------------|-----|--------------------------|----|--------------------------|
| Clutch operation OK?      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Front brake operation OK? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Rear brake operation OK?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Front brake anchor OK?    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Rear brake anchor OK?     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Section 4**

|                             |     |                          |    |                          |
|-----------------------------|-----|--------------------------|----|--------------------------|
| Primary chain failure?      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Secondary chain failure?    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Transmission shaft failure? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Section 5**

|                                  |     |                          |    |                          |
|----------------------------------|-----|--------------------------|----|--------------------------|
| a) Carburettor                   |     |                          |    |                          |
| i) Slide or butterfly free?      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii) Slide return spring working? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Engine                        |     |                          |    |                          |
| i) Still operating?              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii) Seized?                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If answers to bi) and bii) are both "no" have dismantled and state exact reason for failure

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**Section 6**

|                                  |     |                          |    |                          |
|----------------------------------|-----|--------------------------|----|--------------------------|
| Gearbox                          |     |                          |    |                          |
| i) Still operating in all gears? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii) Seized?                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If answers to i) and ii) are both "no", have dismantled and state exact reason for failure:

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|                                 |     |                          |    |                          |
|---------------------------------|-----|--------------------------|----|--------------------------|
| If the machine is shaft driven: |     |                          |    |                          |
| Rear transmission OK?           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If "no" state exact reason for failure

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**Section 7**

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 8**

State briefly if, in your opinion, a mechanical failure was responsible for the accident and if possible, give your recommendations as to how it could have been avoided

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**Section 9**

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 10**

Visor / Goggles

Visor

Goggles

Were they damaged in the accident?

Yes

No

Any special comments on the condition of the visor/goggles

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**Section 11**

Protective clothing

Suit damaged?

Yes

No

Boots damaged?

Yes

No

Any special comments

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REMARKS: Any information you feel is relevant but which has not been reported in the foregoing, including opinion of cause of accident, contributing factors, recommendation to the organizers, Road Race Committee etc.

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**Section 12**

**Very Important** After initial inspection the machine must be handed over to the circuit owner (or land owner) as soon as possible. While under the circuit owners' 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:

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Location and address:

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Key holders name:

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Position/designation:

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Telephone Number :      Day

Evening

Mobile

Received by:

Name

Signature

Date

Time

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Signatures of Officials of the Meeting

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Clerk of the Course

Name

Signature

Chief Technical Officer

Name

Signature

Incident Officer:

Name

Signature

Received by:

Name

Signature

Secretary of the Meeting

Name

Signature

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Please note any comments about machine security below if necessary

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