

Auto-Cycle Union Ltd Road Race Department ACU House, Wood Street Rugby, Warks, CV21 2YX Tel: 01788 566400 Fax: 01788 573585

Road Race Incident Report Form

RR2/2018

This form is to be completed in Full (both pages) and signed by the Incident Officer, Clerk of the Course, ACU Steward and Chief Medical Officer.

It must be returned to the ACU Road Race Department at the above address <u>within seven days of the event</u>. Together with copies of all witness statements and other documents relating to serious incidents. **This form must be returned even if there are no injuries/incidents/accidents to report**

Orga	anising Club			
Eve	nt	Date		
Ven	ue	Permit No:		
1	Were adequate "Warning" and "Pro around the course?	phibition" notices displayed or	n entrances, paddocks and	Yes / No
2	Number of Doctors present during	Practice and Racing?		No:
3	Number of qualified First Aid Personacing?	onnel present before and duri	ng both practice and	No:
4	Number of Paramedic Personnel p	resent during practice and ra	cing?	No:
5	Number of Ambulances and/or subduring both practice and racing?	stitute vehicles equipped with	n a stretcher available	No:
6	Number of Fast Intervention Vehic	es?		No:
7	Number of Breakdown vehicles pre	esent?		No:
8	Were Medical Services competent	?		Yes / No
9	Were there sufficient Fire Extinguis	shers of the appropriate type?	•	Yes / No
10	Were any riders, officials or specta	tors taken to hospital?		Yes / No
11	Number of Track Marshals?			No:
12	What were the Track Conditions?			Wet / Dry / Rain (Delete where not applicable)
	If the answer to any of the above question	s is NO please comment on a sep	arate sheet.	
	ALL INCIDENTS INVOL	VING INJURY MUST BE DETAILE	D OVERLEAF.	
		Name	Signature	
Cler	k of the Course			
Incid	dent Officer			
ACL	J Steward			
Chie	ef Medical Officer			

Future permits may be liable to suspension if this document is not returned, completed in full, to the Permit Issuing Authority.

In case of serious or fatal accident refer to the "Serious Accident Check" list in the ACU Handbook and immediately contact the ACU 24 Hour Road Race Serious Incident Helpline –

PLEASE COMPLETE THIS FORM - IN BLOCK CAPITAL LETTERS - FOR ANYONE RECEIVING MEDICAL ATTENTION

Date.....

Permit number.....

COMPETITORS	TORS				Hos	Hospitalised		Injury Code
Riders Name.	me.	No.	Class	Location of Incident e.g. Name of Corner etc.	Injury Sustained and Remarks	Yes	No	
				Please indicate	Please indicate if any riders suffered from concussion		-	
OFFICIAL	OFFICIALS / SPECTATORS	SS			Hos	Hospitalised		Injury Code
	Name	<u>.</u> .		Location of Incident e.g. Name of Corner etc.	Injury Sustained and Remarks	Yes	No See for	See below for codes
Page								
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of 2	Injury Codes	⋖	= No Injury B	= Minor injuries resulting in no more than 2 days in hospital	C = Injuries resulting in 3 days or more in hospital F	= Fatal		

Injury to Spectators: In the event of injury being sustained by any spectator. Their names and addresses and those of any witness should be enclosed with this form together with full details of the accident. Care should be taken to ensure that witnesses are not friends or relations of the injured spectator(s). Liability should not be admitted nor mention made of insurance to anyone.