



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

RR2/2019

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 **within seven days of the event**. 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**

Organising Club

Event Date

Venue Permit No:

- 1 Were adequate "Warning" and "Prohibition" notices displayed on entrances, paddocks and around the course? Yes / No
- 2 Number of Doctors present during Practice and Racing? No:
- 3 Number of qualified First Aid Personnel present before and during both practice and racing? No:
- 4 Number of Paramedic Personnel present during practice and racing? No:
- 5 Number of Ambulances and/or substitute vehicles equipped with a stretcher available during both practice and racing? No:
- 6 Number of Fast Intervention Vehicles? No:
- 7 Number of Breakdown vehicles present? No:
- 8 Were Medical Services competent? Yes / No
- 9 Were there sufficient Fire Extinguishers of the appropriate type? Yes / No
- 10 Were any riders, officials or spectators 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 questions is **NO** please comment on a separate sheet.

ALL INCIDENTS INVOLVING INJURY MUST BE DETAILED OVERLEAF.

	Name	Signature
Clerk of the Course
Incident Officer
ACU Steward
Chief 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 –

Rowena Perks((Road Race only) (07805 898584)) Paul King (07767 635420) Alex Braddish (07827 985033)
 Also advise ACU Headquarters – Tel: 01788 566400.

ACU and The Auto-Cycle Union are trading names of The Auto-Cycle Union limited registered under Company No. 00134679; Registered Office:

ACU House, Wood Street, Rugby, Warwickshire, CV21 2YX

Page 1 of 2

RR2 -2019

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

Permit number..... Date.....

COMPETITORS

Riders Name.	No.	Class	Location of Incident e.g. Name of Corner etc.	Injury Sustained and Remarks	Hospitalised		Injury Code
					Yes	No	

Please indicate if any riders suffered from concussion

Name	Location of Incident e.g. Name of Corner etc.	Injury Sustained and Remarks	Hospitalised		Injury Code
			Yes	No	

OFFICIALS / SPECTATORS

Injury Codes A = 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.