



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

Serious Incident Report Form – Off Road

This form is to be completed in Full (both pages) and signed by the Incident Officer.

It must be returned to the ACU at the above address **within seven days of the event.** Together with copies of all witness statements and other documents relating to serious incidents.

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 Were Medical Services competent? Yes / No
- 7 Were there sufficient Fire Extinguishers of the appropriate type? Yes / No
- 8 Were any riders, officials or spectators taken to hospital? Yes / No

9 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

Incident Officer

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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 Serious Incident Helpline –