



# 2021 Incident Report – Technical Off Road

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 <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"/>
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		
Control cables broken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes" specify which cable		
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"/>

#### 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 .....

#### Section 5

Helmet	Make	Type
Damaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did it come off in the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes" was the strap still fastened?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any special comments	.....	

**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

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**Section 7**

Protective Clothing/Body Armour?      Yes       No

Boots damaged?      Yes       No

Any special comments

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**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 :	<table border="0"> <tr> <td>Day</td> <td>_____</td> <td>Evening</td> <td>_____</td> <td>Mobile</td> <td>_____</td> </tr> </table>	Day	_____	Evening	_____	Mobile	_____		
Day	_____	Evening	_____	Mobile	_____				
Received by:	<table border="0"> <tr> <td>Name</td> <td>_____</td> <td>Signature</td> <td>_____</td> </tr> <tr> <td>Date</td> <td>_____</td> <td>Time</td> <td>_____</td> </tr> </table>	Name	_____	Signature	_____	Date	_____	Time	_____
Name	_____	Signature	_____						
Date	_____	Time	_____						

Please note any comments about machine security below if necessary

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Form Completed by \_\_\_\_\_ Licence Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_