



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

Serious Incident Report Form – Off Road 2021

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

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 –