



## SPEEDWAY AUSTRALIA ACCIDENT/INCIDENT REPORT FORM

Please complete in full, providing as much information as possible

The completed form should be sent without delay to:

Speedway Australia PO Box 269 Stepney 5069 or email: [admin@speedwayaustralia.net.au](mailto:admin@speedwayaustralia.net.au)

<b>Track Details</b>	Name of Insured _____ Name of Track _____ Telephone No. _____ Facsimile No _____ Address/Location of track _____ Date of Incident _____ Time of Incident _____ Completed By _____ Official Position _____
<b>Third Party Details</b>	Full Name _____ <div style="text-align: center;"> <i>Surname</i>                      <i>Given Names</i> </div> Approximate Age _____ Male/Female _____ Address _____ _____ Contact No. (Home) _____ (Work) _____ (Mobile) _____ Occupation: _____ Competitor Yes <input type="radio"/> No <input type="radio"/> Race Division _____ Spectator Yes <input type="radio"/> No <input type="radio"/> Other _____ Spectacles/Contacts Yes/No    Walking Aid Yes/No    Other Impediments? _____ If Accompanied, by whom _____ Third Party version of events _____ _____ Did Third Party admit fault?    Yes <input type="radio"/> No <input type="radio"/>
<b>Child</b>	Aged under 18 years? Yes <input type="radio"/> No <input type="radio"/> Accompanied by an Adult    Yes <input type="radio"/> No <input type="radio"/> If accompanied by an Adult: Relationship? _____ Adult Name _____ Address _____ Telephone _____
<b>Method Reported</b>	In Person <input type="radio"/> Telephone <input type="radio"/> *Letter <input type="radio"/> Other <input type="radio"/> Date Reported _____ Third Party <input type="radio"/> Other <input type="radio"/> Name _____ Telephone No _____ Notes _____ Eyewitness(es) No <input type="radio"/> Yes <input type="radio"/> Name(s) _____ Telephone No _____ <p style="text-align: center;"><b>*PLEASE ATTACH A COPY OF ANY CORRESPONDENCE RECEIVED</b></p> <p style="text-align: center;"><b>PLEASE HAVE ANY EYEWITNESS(ES) COMPLETE THE WITNESS STATEMENT</b></p>



**SPEEDWAY AUSTRALIA ACCIDENT/INCIDENT REPORT FORM  
(Cont)**

<b>Cause</b>	Racing Accident Yes/No Spillage <input type="radio"/> Hit an Object <input type="radio"/> Driver(s) error <input type="radio"/> Equipment <input type="radio"/> Other: Please Specify _____ Track Condition _____ What form of lighting illuminated the area? Natural <input type="radio"/> Lights <input type="radio"/>
<b>Treatment</b>	Medical attention provided? No <input type="radio"/> Yes <input type="radio"/> By Whom _____ Detail treatment given _____ _____ Status after incident (went home/continued) _____ Transport Arranged? No <input type="radio"/> Yes <input type="radio"/> Ambulance <input type="radio"/> To Where _____
<b>Other Party Details</b>	Did the incident involve any other party or parties? Competitor <input type="radio"/> Staff <input type="radio"/> Other _____ Company Name _____ Name _____ Address _____ Phone Number _____ Reason for attendance at Premises _____
<b>Property Damage</b>	Name of Owner _____ Address _____ Describe the property damaged _____ Describe how damage occurred _____ What is the estimated cost of repair or replacement _____



