



Standard

FORMS:

Incident Reporting Package

Event Reporting Package



Recreation And Competitive Events
Resources & Services Pty. Ltd.

www.RACERS.world

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1800 R A C E R S

PO Box 222 Labrador QLD 4215

ABN: 55 098 088 610

Incident Report Kit- Cover Page

This report package is only required when a personal injury is a result of a specific incident.

The incident occurred at _____ (venue) on ____/____/____

At ____ : ____ am/pm at _____ (track
position).

At the time of the incident the officials were:

Event Secretary:	Incident Manager:
Traffic Manager:	Driving Standards:
Observer 1:	Observer 2:
Chief Medical Officer:	Officer Attending:
Chief Fire Officer:	Chief Rescue Officer:
Other Witnesses (if any)	

The incident incurred (Tick as appropriate):

- An injury requiring medical attention
- Damage to trackside safety equipment
- Likelihood of an insurance claim
- Use of fire-fighting equipment
- Use of rescue equipment

Attachments attached to this document (Tick as appropriate):

- Medical Patient Report Form (s) with details of person(s) injured
- Description of the incident with a track map showing start and finish of the incident
- Detailed sketch of the incident showing start, trajectory(s) and finish
- Description of vehicles and damage involved
- Reports from relevant observers
- Comments from senior officials

At the time of the incident the injured person(s) was a:

- ◇ Driver ◇ Crew ◇ Passenger ◇ Official ◇ Spectator ◇ Staff

Author of Report: _____ Phone: _____



**EVENT SECRETARY'S
REPORT**

By: _____

On: ____/____/____ @ ____: ____

Incident Reporting Form- Event Secretary

Venue: _____ Event Name: _____

Brief summary of the incident:

This incident involved _____ driver(s) being injured; _____ of whom required medical attention, and; _____ of whom required an ambulance.

Police did not / did visit the scene; approx _____ mins after the incident.

**Attached to this form are the following documents
(Tick as appropriate):**

- Medical statement(s)
- Incident Manager's Report
- Traffic Manager's Report
- Observer's Report(s) x _____
- Vehicle Damage Report(s) x _____
- Other evidence consisting of:

General Comments about the incident:



<p>TRAFFIC MANAGER'S REPORT</p> <p>By: _____</p> <p>On: ___/___/___ @ ___:___</p>
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Incident Reporting Form- Traffic Manager

Venue: _____ **Event Name:** _____

This incident involved:

Vehicle No. _____	PAX Name: _____	Penalty Y / N
Vehicle No. _____	PAX Name: _____	Penalty Y / N
Vehicle No. _____	PAX Name: _____	Penalty Y / N
Vehicle No. _____	PAX Name: _____	Penalty Y / N

The nature of the incident was:

- A single vehicle collision with track furniture ◇
- Two vehicle collision due to overtaking attempt ◇
- Multi vehicle collision of 3 or more vehicles ◇
- Mechanical failure resulting in a collision ◇
- Other: _____

As a result of this incident, Race Control:

- Called and asserted a CAUTION ◇
- Called and asserted a CLAMPDOWN ◇
- Called and asserted a CANCEL ◇
- Cancelled the rest of the race ◇
- Restarted the race from Pit Lane ◇
- Restarted the race later in the day ◇

Assigned CoC penalties as follows:

Vehicle No. _____	Transgression _____	Level _____
Vehicle No. _____	Transgression _____	Level _____
Vehicle No. _____	Transgression _____	Level _____
Vehicle No. _____	Transgression _____	Level _____
Vehicle No. _____	Transgression _____	Level _____

Weather at the time was (please circle): dry / damp / wet - cold / warm / hot



INCIDENT MANAGER'S REPORT

By: _____

On: ___/___/___ @ ___: ___

Incident Reporting Form- Incident Manager

Venue: _____ Event Name: _____

Observation points reported the incident: _____

Which occurred at ___:___ am/pm near: _____

The following were dispatched to deal with the incident:

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Medic Chase | <input type="checkbox"/> Medic Ambulance | <input type="checkbox"/> Observer(s) |
| <input type="checkbox"/> Fire 1 | <input type="checkbox"/> Fire 2 | <input type="checkbox"/> Venue Staff |
| <input type="checkbox"/> Recovery 1 | <input type="checkbox"/> Recovery 2 | <input type="checkbox"/> Venue Tow |
| TM asserted: <input type="checkbox"/> | <input type="checkbox"/> Clampdown | <input type="checkbox"/> Cancel |

Approx response time: ___mins ____secs

Track down time: ___mins ____secs

Description of incident: _____

Outcomes: _____

Comments & Recommendations: _____

Medical Patient Report Form

PERSONAL DETAILS

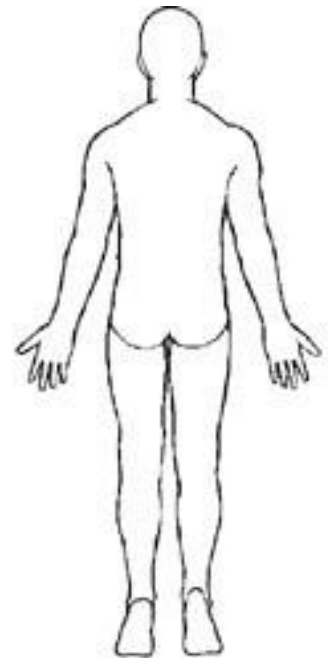
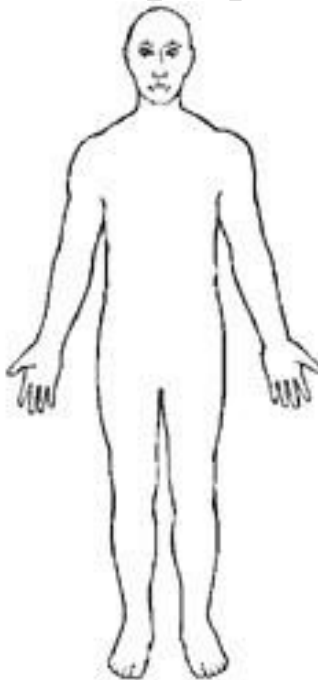
Location:		Event:		Date:		Time:	
Name:				DOB:		Gender: M / F	
				Under 18: Y / N			
Participant	Passenger	Spectator	Official	Staff	Visitor/Contractor		
Address:						Phone:	
Next of Kin / Emergency Contact:				Phone:			
Related Medical / Surgical History:				Current Medications:			
Known Allergies:							

INITIAL ASSESSMENT

KEY

- A – ABRASIONS
- B – BURN
- C – CONTUSION
- D – DISCOLOURATION
- F – FRACTURE
- H – HAEMORRHAGE
- L – LACERATION
- P – PAIN
- R – RIGIDITY
- S – SWELLING
- T – TENDERNESS

Please indicate where the injury is located



Notes:

Suspected Illness / Injury:

Medical Patient Report Form

Initial Treatment: Clean & Dress Wound Support Bandage / Sling Monitor & Support Other _____

OBSERVATIONS

Vital signs	GCS	Pulse	SPo2	BP	Temp	Pupils Reactive /Equal Right/Left	Level of Consciousness Conscious = C, Drowsy = D, Unconscious =U
Time							
Time							
Time							
Time							
Time							
Time							

Action taken: OXYGEN GIVEN DEFIBRILLATION GIVEN

What happened (if known):

Notes:

REFERRAL FOR CARE:	<input type="checkbox"/> HOSPITAL (By Ambulance)	Time of Handover:	
	<input type="checkbox"/> HOSPITAL (By private transport)	Time:	
	<input type="checkbox"/> OWN DOCTOR	Advised:	

CASUALTY REFUSED / DECLINED TO RECEIVE ANY MEDICAL TREATMENT WHEN OFFERED

Signed by Patient:

Signed by witness (If patient refuses to sign):

Submitted: Event Manager File RACERS Safety Officer

Medic: Name

Signature

Date PRF completed:



<p>OBSERVER'S REPORT</p> <p>By: _____</p> <p>On: ____/____/____ @ ____: ____</p>

Incident Reporting Form- Observer

Venue: _____ **Event Name:** _____

I was at Observation point _____ when I witnessed an incident involving:

Vehicle No. ____ Vehicle No. ____ Vehicle No. ____ Vehicle No. ____ Vehicle No. ____ Vehicle No. ____

Occur at track location: _____

During which: _____

Diagram(s):

SAMPLE OF THE OR



Incident Reporting Form

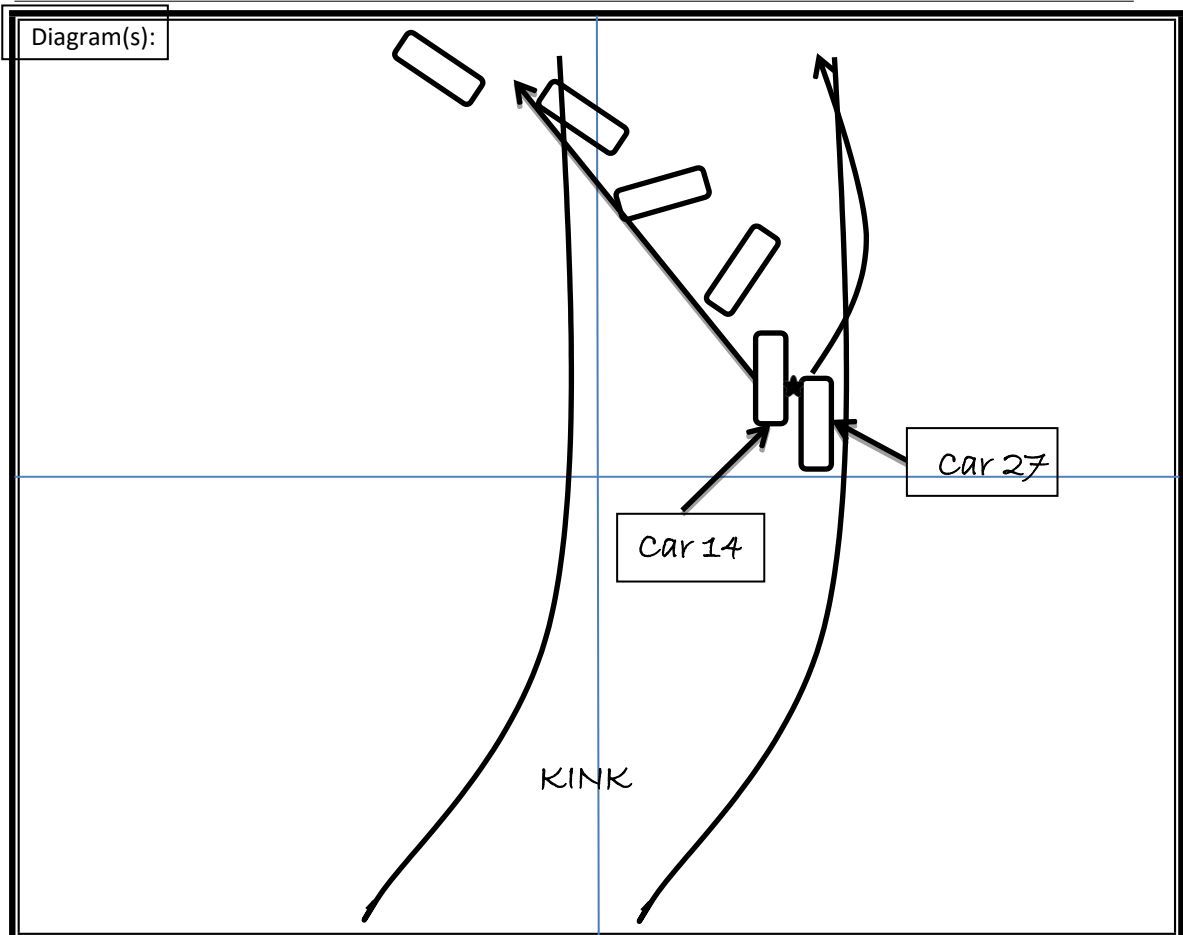
Observer's Report
By: Jack Black
On: 12 / 5 / 2015 @ 13 : 35

Venue: Lakeside Event Name: QRDC 2

I was at Observation Point 3 when I witnessed an incident involving:

Vehicle No. 27 Vehicle No. 14 Vehicle No. _____ Vehicle No. ____ Occur at track location: about 200 metres after the Kink

During which: 27 was the overtaking car and he tried to go outside 14 for the braking line into Karussell 14 lost it and got tapped in the right rear spinning him around onto the infield where he hit two barriers.





VEHICLE DAMAGE REPORT:

By: _____

On: ____/____/____@____: ____

Vehicle Damage Report - Scrutiny

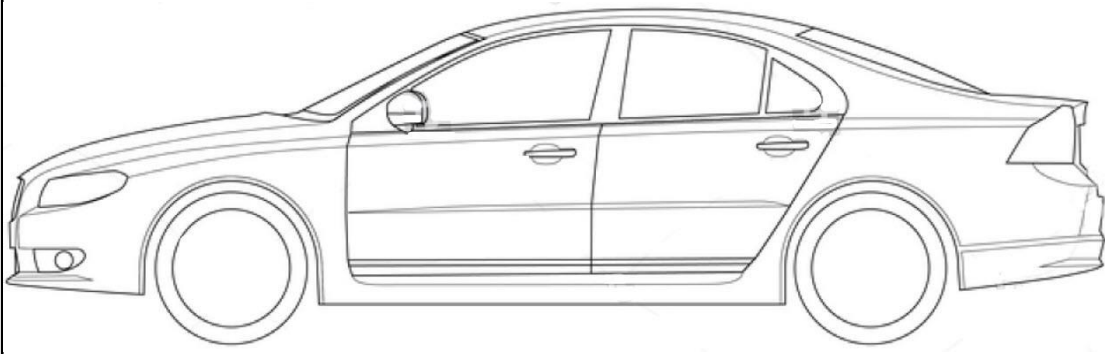
Venue: _____ **Event Name:** _____

I inspected Vehicle No. ____ Driven/Riden by: _____

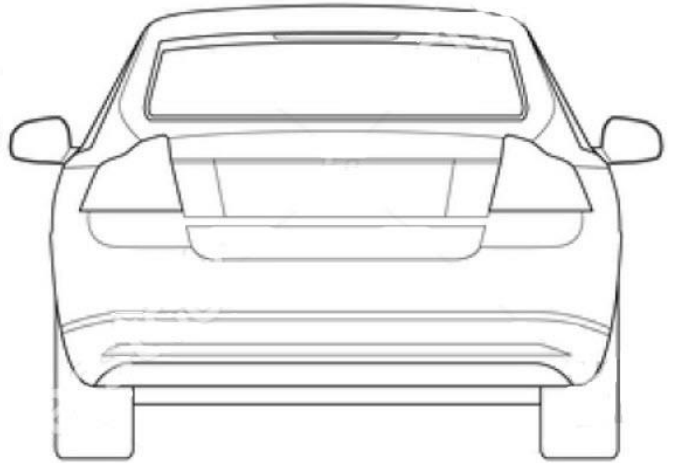
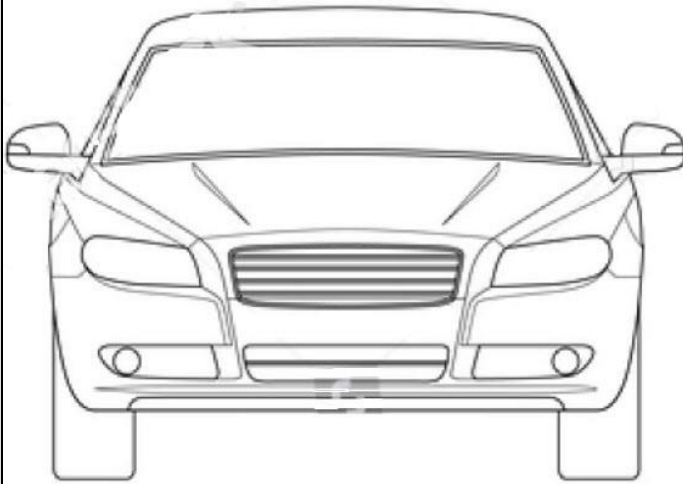
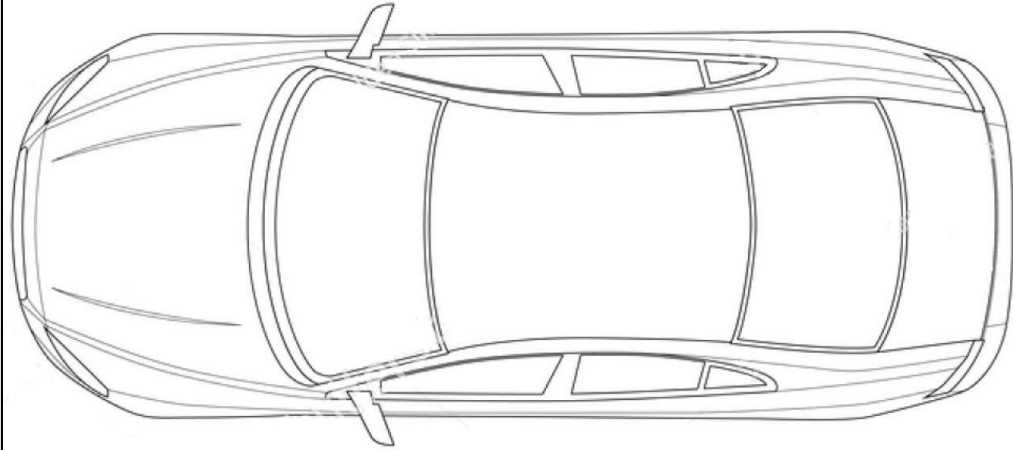
And found the following damage to the vehicle and apparel.

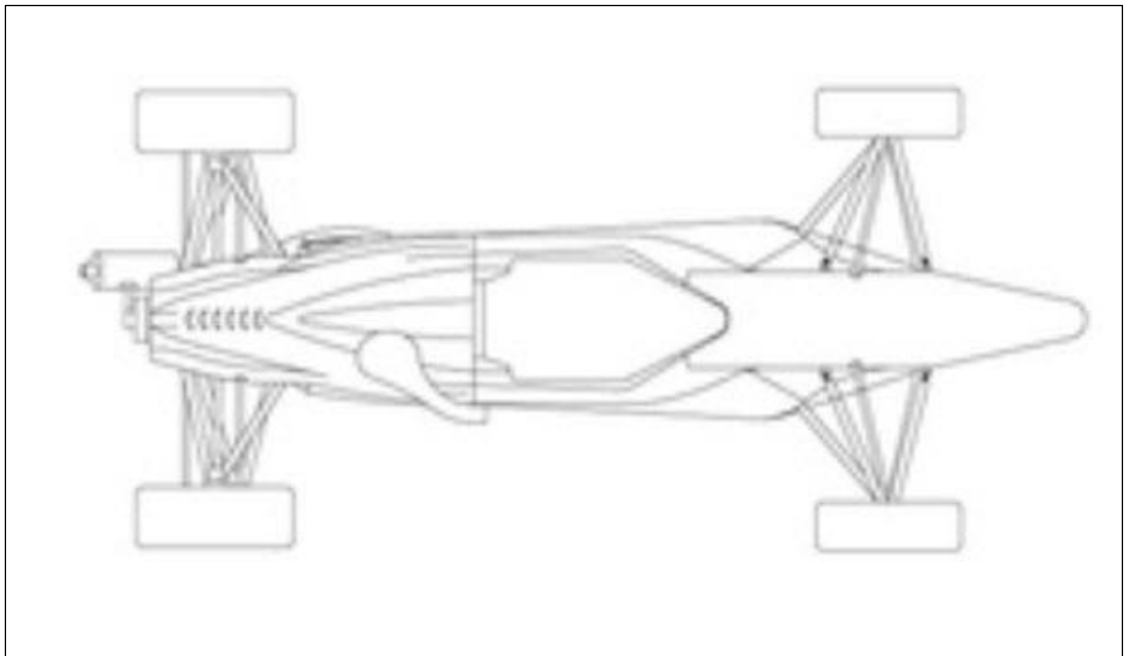
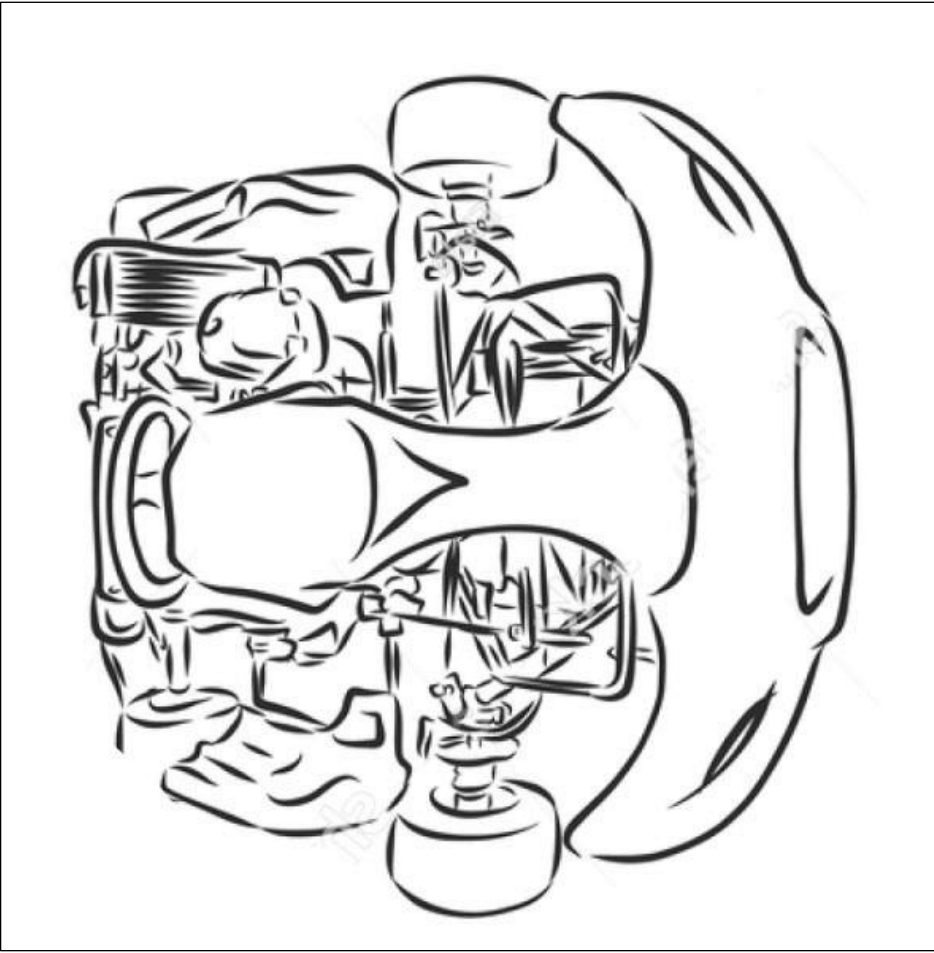
Damage Noted:

The diagram shows three line-art views of a motorcycle: a side profile view at the top, a front view at the bottom left, and a rear view at the bottom right. To the right of the side view is a box containing the text 'Left Side Right Side '. The entire diagram is enclosed in a rectangular border.



Left Side
Right Side







EVENT PROVIDER'S REPORT

By: _____

On: ____/____/____@____: ____

END of DAY EVENT REPORT

To be returned within 48 hours after the event to RACERS via email to admin@racers.world

Event Name: _____ **Held at** _____ **on** / /

Brief summary of the Event:

Activity commenced at ____:____ am/pm and was finished at ____:____ am/pm.

Venue compliance was certified by: _____ at ____:____ am/pm.

There were ____ Participants (PAX) and approximately ____ crew at the event.

There were ____ officials and volunteers registered on ROOMS at the event.

There were approximately ____ spectators on this day.

Venue preparation was: poor / average / good / excellent.

The weather was cold / warm / hot and it was dry / damp / wet.

Vehicle recovery delays were few / reasonable / excessive / caused abandonment.

Injuries and Incidents:

There were ____ crashes which resulted in ____ injuries and ____ went to hospital.

There were ____ non-vehicular and ____ non-competition injuries serviced.

The medical crew performed ____ occasions of service.

The rescue crew performed ____ recoveries and extinguished ____ fires.

The following PAX received penalty points during the Event:

Name	Licence Number	Points

*attach list if more than three.

Every incident requiring medical attention requires the EP to forward the entire Incident Report Pack to admin@racers.world by scanned images.

General Comments:



**TRACK INSPECTION
REPORT (Pg1)**

By: _____

On: ____/____/____@____: ____

Location:			
Event:			
Date:			
Time of Inspection:			
Event Provider / Manager:			
Weather report:			
Map of track:			
Direction of travel:			
Track Length:			
Track Surface:	Asphalt	Bitumen	Mixed Surface
	Dirt	Concrete	Other: _____



TRACK INSPECTION REPORT (Pg2)
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Item	Compliant		Comments
	Yes	No	
First line of protection in place and not compromised.			
First line of protection meets appropriate height requirements			
Access Gaps are significantly protected			
Spectator Areas behind approved RACERS protection.			
Medical Centre adequate and location appropriate.			
Run off areas sufficient and fit for purpose.			
Conditions of Track Edges/Verges/White Lines.			
Entire track fully defined with brake markers as per relevant Venue Configuration and activity needs			
Marshaling or Signalling points in safe position and appropriately protected.			
Start/Finish line marshals appropriately protected.			
Gravel Arrestors raked and in a satisfactory condition			
Relevant barriers or the like are constructed in an appropriate manner and in the correct location as per Venue Configuration and activity needs			
Kerbs are satisfactory as per Venue Configuration and activity needs			
Track surface condition			
Overall track condition			
General presentation of the facility			
Notes:			
Event Provider/Manager signature:			