

Accident Report

Motor Vehicle Sports (Public Safety) Act 1985

Licence No.:

Licensee:

Licensed Ground:

Date of Motor Vehicle Race Meeting: _____

Instructions

If, during a race meeting at the ground, a person dies or is injured in a way that requires medical attention, the licensee must give an accident report to the Chief Executive, Office of Sport and the officer-in-charge of the nearest police station as soon as is reasonably practicable.

Accident Reports must be given to the Chief Executive, Office of Sport by email to motorsport@sport.nsw.gov.au or by post to Locked Bag 1422, Silverwater, 2128.

Injured Person Details	
(Attach a separate report if more than one person is injured.)	
Full name	
Date of birth	
Residential address	
Role of Injured person (please tick)	Competitor <input type="checkbox"/> Official <input type="checkbox"/> Spectator <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____
Injuries sustained	

Medical attention provided (Include hospital details if relevant)	
Accident Details	
Date of accident	
Time of accident	
Location of accident (Specify track location)	
Condition of track	
Details of accident	

I, (print full name) _____,

- am authorised by the licensee to complete this Accident Report,
- certify that the information contained in this Accident Report is true and correct in every detail,
- understand that giving false or misleading information is a serious offence.

Signature: _____ Date: _____