



Incident Report

This must be completed whenever medical assistance is provided during all activities, including Practice, at Karting NSW Clubs & Tracks.

Date		Time		Permit #	
Track Name / Address					
Casualty Name					
Address:				Date of Birth	
				Phone	
Role	<input type="checkbox"/> Official/Volunteer	<input type="checkbox"/> Driver	<input type="checkbox"/> Pit Crew	<input type="checkbox"/> Spectator	<input type="checkbox"/> Other
Where incident occurred					
Description of Incident					
Witnesses	Name			Phone	
	Name			Phone	
	Name			Phone	
Officials Coordinator contacted <i>(only if sent to hospital or Serious Incident declared)</i>	<input type="checkbox"/> Yes				
	<input type="checkbox"/> No				
Type and extent of injuries					
Subsequent treatment recommended	<input type="checkbox"/> Refused medical assistance			Priority	
	<input type="checkbox"/> Onsite Medical			<input type="checkbox"/> Non Urgent	
	<input type="checkbox"/> Home to rest			<input type="checkbox"/> Urgent	
	<input type="checkbox"/> Own Doctor			<input type="checkbox"/> Critical Incident - <i>(Follow Policy)</i>	
	<input type="checkbox"/> Transported Hospital - Self				
	<input type="checkbox"/> Transported Hospital - Ambulance				
Further Comments					
Name of Informant				Signature	
Phone				Date	