

# Incident Report Form

**PLEASE COMPLETE ONE OF THESE FORMS FOR EVERY NOTIFIABLE INCIDENT YOU HAVE INFORMED RADIO CONTROL OF.**

**THIS FORM MUST BE USED WHERE MEDICAL ASSISTANCE WAS REQUIRED.**

This form, once completed **MUST** be returned to the Event Safety Officer at Rally Headquarters – directly or via the Course Closer.

**Stage Name:**

**No:**

**Operator Name:**

**Tel:**

	<b>Time:</b>		<b>Time:</b>
<b>Incident occurred:</b>		<b>Incident reported:</b>	
<b>Stage held:</b>		<b>Stage restarted:</b>	
<b>Rescue Unit at Scene:</b>		<b>Doctor/Paramedic at scene:</b>	
<b>County Ambulance at RV/AMP:</b>		<b>Transfer of Casualties:</b>	

<b>Nature of incident:</b>

<b>Action taken:</b>	<b>Time:</b>

<b>Witness details (Names, Addresses etc)</b>	

**Signed** .....

.....

**Date**