



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"/> _____ |

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|---|--|
| 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: _____