



INJURY / INCIDENT / ACCIDENT REPORT FORM

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX
 Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk

**In the event of an injury / incident / accident please complete this form and return it to -
 45 Church Street, Birmingham B3 2RT Tel: 0121 232 4597 Fax: 0121 232 4550
 Alternatively this form can be scanned and emailed to; alex.braddish@uk.lockton.com**
 Show details of all competitors, officials and spectators who received first-aid attention / treatment.
 Please see note below concerning witness details.
 It is necessary to complete and return this form if there are no injuries / incidents / accidents to report.

Event name / title:

Club / Organiser: Centre:

Venue: Date of event: Permit no:

Secretary of the Meeting:

Address:

..... Daytime telephone number:

NAME & ADDRESS	DATE OF BIRTH	ACU LICENCE NUMBER	INJURY / CIRCUMSTANCES	LOCATION ON CIRCUIT	HOSPITALISED			COMPETITOR / OFFICIAL / SPECTATOR
					Yes	No	Over night	

In case of serious or fatal accident refer to the 'Serious Accident Checklist' in the ACU Handbook and immediately contact one of the following:
 Gary Thompson MBE BEM (07976 548375) Rowena Perks (Road Race only (07805 898584))
 Also advise ACU Headquarters – Tel: 01788 566400.

Injury to Spectators:
In the event of injury being sustained to any spectator, their names and addresses and those of any witnesses should be enclosed with this form, together with full details of the accident. Care should be taken to ensure that these witnesses are not friends or relations of the injured spectators. Liability should not be admitted nor mention made of insurance to anyone.