



FEDERATION INTERNATIONALE DE L' AUTOMOBILE

ACCIDENT REPORT

Name of circuit, or rally, where accident happened: _____ Date: _____ Time: _____

Name of event / stage : _____

F.I.A. Championship? Title : _____

In : *Race* practice ___ qualifying ___ race ___ / *Rally* reconnaissance ___ liaison route ___ timed stage ___

Groups or Formulae competing : _____

National Sporting Authority (ASN): _____

Number of fatalities: Drivers: _____ Spectators: _____ Officials: _____

Number of injured: Drivers: _____ Spectators: _____ Officials: _____

Weather Conditions	Visibility	Circuit Type	Rally stage type	Road Character	Road Condition
Clear	Good	Permanent	Tarmac	Level	Dry
Cloudy	Fair	Temporary	Forest	Uphill	Wet
Fog	Poor	Oval	Desert	Hillcrest	Oil
Rain	Night-time	Rally/autocross		Downhill	Ice / Snow

Road surface : _____ Adjacent surfaces : _____

TO BE SUBMITTED WITH THIS FORM:

1. Eye-witness statements, marshals', fire and medical-officer's reports.
2. Engineers' technical investigation reports on all vehicles involved (OBLIGATORY).
3. Descriptions of the track safety features involved, including specifications and construction details of all barriers, type and depth of gravel etc., and any damage suffered (OBLIGATORY).
4. Copies of post-mortem certificates on any fatality.
5. Any other relevant experts' reports.
6. Any relevant photographs and video films, to include the track configuration and safety features prior to the accident.
7. Video recording of the car and scene made immediately after the accident.
8. Any relevant data recordings from the car.

DETAILED DESCRIPTION OF THE ACCIDENT

Include:

Speed before loss of control : _____ Speed at impact if known : _____

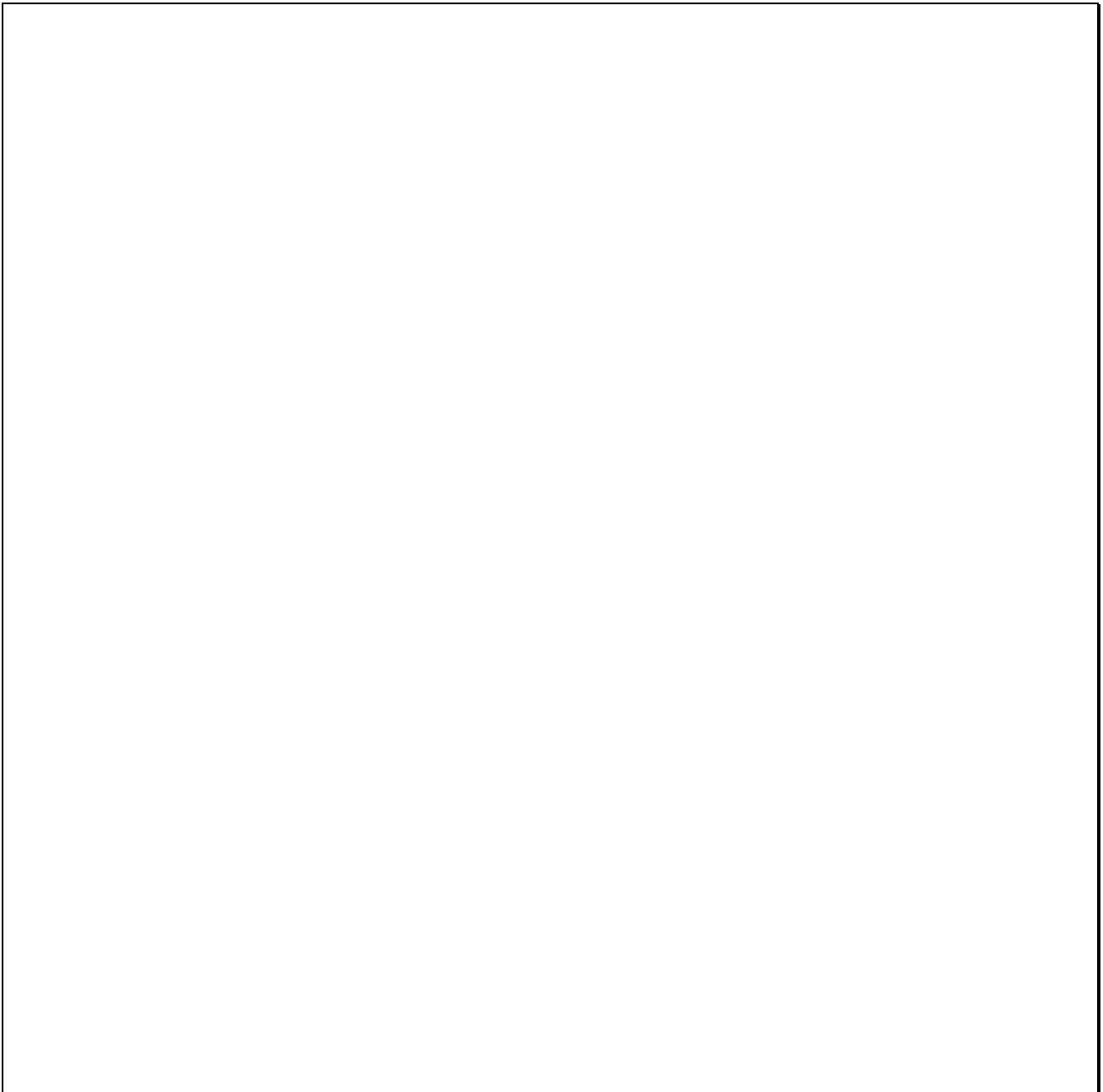
Car contacted (give order) : another car _____ guardrail _____ concrete wall _____
 tyre barrier _____ nothing _____ other _____

DIAGRAM OF THE ACCIDENT

Mark clearly:

- Position and designation of all marshals' and emergency posts within view of the accident.
- Trackside protection.
- All relevant dimensions including width of track and verge.
- Flag situation at site immediately prior to accident.

NORTH



SOUTH

Symbols: Competing car with race n° _____ Service vehicle _____ Spectator vehicle _____

EMERGENCY INTERVENTIONS AFTER THE ACCIDENT

1. To extinguish fire:

1st intervention				2nd intervention		
Car n°	Time in " from accident	Personnel	Equipment	Time in " from accident	Personnel	Equipment

Notes :

2. To rescue the injured:

Name	Qualification	Time in " from accident	Personnel	Conveyance	Destination

Notes :

3. Initial treatment of the injured:

Name of injured	Qualification of intervener	Initial time (H)	Place	Kind of treatment

Notes :

EXAMINATION OF EQUIPMENT

Remarks must be as detailed as possible; items of driver's equipment should be impounded for further examination if implicated in the extent of any injuries.

Item	Car n°	Car n°	Car n°
	Remarks	Remarks	Remarks
Driver's suit (homologation n°)			
Helmet			
Visor			
Frontal head restraint			
Seat harness(homologation n°)			
Seat (homologation n°)			
Roll cage			
On board extinguisher (type)			
Extinguisher used?			
Other			

Further remarks :

COMPETING DRIVERS INJURED

Car n°: _____ **Group :** _____ **Brand :** _____ **Model :** _____

Driver's name : _____ **Nationality :** _____

Address : _____

Entrant's name, address, phone and fax : _____

Competition licence n°: _____ **Delivered by (ASN) :** _____

Injuries sustained/ Cause of death : _____

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Car n°: _____ **Group :** _____ **Brand :** _____ **Model :** _____

Driver's name : _____ **Nationality :** _____

Address : _____

Entrant's name, address, phone and fax : _____

Competition licence n°: _____ **Delivered by (ASN) :** _____

Injuries sustained/ Cause of death : _____

OTHER PERSONS INJURED

Name : _____

Capacity (driver, marshal, spectator, etc.) : _____

Address : _____

Injuries sustained/ cause of death : _____

=====

Name : _____

Capacity (driver, marshal, spectator, etc.) : _____

Address : _____

Injuries sustained/ cause of death : _____

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Name : _____

Capacity (driver, marshal, spectator, etc.) : _____

Address : _____

Injuries sustained/ cause of death : _____

REPORT COMPILED BY:

Name : _____ Function : _____

At : _____ on : _____ Signature : _____