

QUEENSLAND SALOON CAR ASSOCIATION INC

ACCIDENT REPORT FORM

(This should be filled out for any accident that could lead to an Insurance/Liability Claim, if in doubt fill out the form.)

DATE OF RACE MEETING _____

VENUE/TRACK _____ HOST CLUB _____

TYPE OF ACCIDENT

SINGLE VEHICLE _____

CAR TO CAR _____

CAR TO WALL _____

OFFICIAL HIT BY VEHICLE/OBJECT _____

SPECTATOR INJURED _____

OTHER _____

If any of the above give details

TIME _____ PLACE _____

CAR NO _____ DRIVER _____

STRUCTURAL DAMAGE _____

If person/s injured:

NAME _____

DID AMBULANCE ATTEND _____

TAKEN TO HOSPITAL _____

TYPE OF INJURY _____

Note: Form must be returned to the QSCA Inc State Office, P.O. Box 775,
HERVEY BAY, 4655 within 7 days of the Race Meeting.

SIGNATURE _____ PRINT NAME _____

POSITION _____ REG # _____