



ACCIDENT STATEMENT FORM

Please print off this document which is to be completed and signed by an official/steward of the meeting.

Note : The intention of this form is to create an independent statement confirming the date and time of the accident to assist the team / driver process their On Track claim. Information below the dotted line is to be completed by an Official/Steward present at the event.

DETAILS OF ACCIDENT

Date:	<input type="text"/>
Approximate time:	<input type="text"/>
Circuit / Rally:	<input type="text"/>
Corner / Stage Number:	<input type="text"/>

RACE / RALLY

Name of organising club:	<input type="text"/>
Event:	<input type="text"/>

THE CAR / DRIVER

Vehicle:	<input type="text"/>
Race number on vehicle:	<input type="text"/>
Driver's name:	<input type="text"/>

OFFICIALS DETAILS

Name of steward /official:	<input type="text"/>
Position:	<input type="text"/>
Cause of the accident: (If known)	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

Once completed please email the document to cbrown@mismotorsport.com. This will form part of the necessary paperwork to complete your claim. If in doubt as to the correct procedure, please refer to our Claims Procedure.