



**Serious Incident Procedure:**

- ❖ ***Stop the Race***
- ❖ ***Prevent Further Incidents***
- ❖ ***Clear Area Whilst Emergency Staff Are on Site***
- ❖ ***Ensure A Team of Experienced Officials Assist***
- ❖ ***Ensure Relatives On Site Are kept Informed At All Times***
  - ❖ ***Ensure Relatives on Site Are Chaperoned***
- ❖ ***Isolate The Area And Keep Intact Until All Information Obtained***
  - ❖ ***Impound Bike and Helmet***
  - ❖ ***In Event of Fatality Inform the Police***
  - ❖ ***Gather Witness Statements***
  - ❖ ***Photograph Area***
  - ❖ ***Contact Offroad Motorsport UK Officials***
- ❖ ***It Is The Decision Of The Chief Clerk Whether To Continue With The Programme Of Racing Or Not.***

Offroad Motorsport UK  
(Trading name of YMSA Ltd)  
Head Office:- P O Box 735, Chesterfield, S43 9DT  
Tele: 07747 808 366

## **Claims and Series Incident Procedure**

### **Serious Incident**

**In the case of serious incidents, these need to be reported to Offroad Motorsport UK immediately on the numbers below.**

**Christine Heathcote – 07595 701 470  
John Holden – 07973 779 051  
Colin Hambridge – 07747 808 366  
and  
Dawn Luby of SportsInsure**

**A serious incident is considered to be one of the below:-**

- **Fatal or Life-Threatening Injuries**
- **Head Injuries, Spinal Injuries, Amputation or Multiple Fractures**
- **Severe Burns and or Scarring**
- **Loss of Sight and or Hearing**
- **Serious Injury to a Spectator**

**The Incident should be reported to one of the above immediately by the Organisers of the Event.**

If the insured required further initial specialist advice, or there is a risk of police or HSE involvement or prosecution, SportsInsure will arrange for the nominated solicitor to provide immediate advice over the telephone.

### **Non-Urgent Incidents**

All other incidents that do not require immediate action should be reported to the Office at the earliest convenient time. On receipt, the office will notify SportsInsure in writing (preferably by email). SportsInsure will acknowledge receipt of the claim and advise the insurance broker of the reference number. SportsInsure will then pass the file to the nominated loss adjuster to handle the claim. A sample claim form has been made available. This is not an insurance requirement and should not be used if it duplicates existing paperwork.

### **Investigation Guidelines**

By conducting an early investigation of an incident, the necessary information and documentation can be gathered quickly. This is of enormous benefit to the insurers and motorsports in general, through having all the evidence to hand to effectively deal with claims or threatened prosecution.

To give effect to the above, it is essential that the information as detailed upon the enclosed checklist is collated by one of the following:

The Clerk of The Course  
Circuit Owner  
Steward  
Governing Body  
Event Organiser  
Vendor or Operator.

**MotorSports Incident Investigation – Information Checklist**

It is Important that any information provided is based upon matters of fact and not matters of opinion.

<b>Information Required</b>	<input type="checkbox"/>	<b>Comments</b>
Obtain independent witness names, addresses And telephone numbers	<input type="checkbox"/>	
Identify the injured party.	<input type="checkbox"/>	
Type and make of vehicle involved.	<input type="checkbox"/>	
Seek and obtain any video and photographic Evidence (ie Media, Crowd etc).	<input type="checkbox"/>	
<b>Take immediate photographs of the following:</b>		
Vehicle involved in the incident	<input type="checkbox"/>	
Incident scene and location.	<input type="checkbox"/>	
<b>Provide the following documents:-</b>		
Stewards Report	<input type="checkbox"/>	
Marshal Report (together with their contact details)	<input type="checkbox"/>	
Any other witness reports	<input type="checkbox"/>	
Medical Report	<input type="checkbox"/>	
Scrutineer's Report	<input type="checkbox"/>	
Signing On Sheet	<input type="checkbox"/>	
Copy of Lap Scoring Sheet	<input type="checkbox"/>	
Parental Indemnity Form	<input type="checkbox"/>	
Circuit Hire Form	<input type="checkbox"/>	
Risk Assessment Form	<input type="checkbox"/>	

**Provide the following (where available)**

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Event Regulations

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Event Programme

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Track Plan

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Copy of Permit

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Track Licence / Certificate

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Briefing summary document

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RIDDOR Report Form (F2508)

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**Motor Sports Insurance Report Form**

Please also refer to the 'Motor Sports – Claims and Serious Incidents Procedure'.

Insurance Policy Number: .....

Name of Person Completing Form: .....

Contact Telephone Number/s: .....

**Organisation Details**

Name of Organisation: .....

Address: .....  
.....  
.....

**Details of Injured Party**

Name: ..... Date of Birth: .....

Address: ..... Contact No: .....  
.....  
.....

Was the Injured person a:-

Competitor  Participant  Marshal / Official   
Spectator  Other (detail)  .....

If property – what was damaged? .....

Please provide details of vehicles involved. ....

**Accident Details**

Date of Accident ..... Time of Accident .....

Location of Accident .....

Describe what happened. Use additional space on the reverse of this form if necessary. Please also ensure that the information described within the 'Motor Sports Incident Investigation – Information Checklist' has been obtained.

**Events Leading up to the Accident**

What activity was taking place immediately prior to the accident?

.....

At what stage did the accident occur during the activity? .....

Please describe the weather conditions. ....

Please describe the circuit conditions. ....

**Following the Accident.**

Describe apparent injuries .....

.....

What treatment was provided .....

.....

Was an ambulance called ?

Yes

No

Was medical treatment refused ?

Yes

No

Did the person continue what they were doing?

Yes

No

Please provide relevant details .....

.....

Has the accident report sheet been completed ?

Yes

No

Has a RIDDOR Report been sent to the authorities ?

Yes

No

If no to either, why not ? .....

.....

**Witness Details**

Please list names, occupation and contact details of any witnesses:

Name

Occupation

Address

Contact Number

.....

.....

.....

.....

To be signed and dated by person completing the form.

Signed .....

Position .....

Print Name .....

Date .....

## ***Checklist***

*Have you secured the area and taken photographic evidence*

*Obtained witness details including name, address, date of birth and contact numbers*

*Stewards Report*

*Marshal Report (if applicable)*

*Medical Records*

*Lap Scoring or Timing Sheet*

*Scrutineer Report*

*Signing on Sheet*

*Track Records / Circuit Hire Form (if applicable)*

*Track Plan*

*Risk Assessment Form.*