



AOF ACCIDENT REPORT

American Outboard Federation National Office: PO Box 273 Troy, ID. 83871

THIS FORM MUST BE RETURNED TO THE NATIONAL OFFICE WITHIN 7 DAYS OF ACCIDENT

Date: _____ Location: _____ State: _____ Body of water: _____

The following report must be filled out, and signed by a Race Official and sent to AOF Headquarters with the race summary sheets, etc., within 7 days of the accident. The Executive Director is to send copies to the VP of Competition and The Safety Director. *All drivers involved in accidents, who end up in the water, must be seen by an EMT and cleared before returning to competition by the Referee.*

Driver involved: _____ Boat #: _____ Class: _____ Heat #: _____ Lap #: _____

Boats in Heat: _____

Weather Conditions:	<input type="checkbox"/> Clear;	<input type="checkbox"/> Cloudy;	<input type="checkbox"/> Rain;	<input type="checkbox"/> Thunder;	<input type="checkbox"/> Lightning
Wind:	<input type="checkbox"/> Light;	<input type="checkbox"/> Heavy;	<input type="checkbox"/> Across course;	<input type="checkbox"/> Up front shoot;	<input type="checkbox"/> Up back shoot
Water:	<input type="checkbox"/> Smooth;	<input type="checkbox"/> Rough;	<input type="checkbox"/> Waves;	<input type="checkbox"/> Rollers	
Created by:	<input type="checkbox"/> Spectator Boats;	<input type="checkbox"/> Shore Line;	<input type="checkbox"/> Weather		

Extent of injuries: (for additional space, use back of form or separate page)

Seen by EMT; at Ambulance; in Drivers Pit;
 Taken to hospital by Ambulance; Private Vehicle; Other: _____ What? _____
 Refused Treatment: *If treatment refused, driver must sign here, acknowledging that he refused treatment:*

Driver's signature

EMT report obtained: _____ Doctors report obtained: _____

Explanation of accident: (for additional space, use back of form or separate page) _____

Does accident warrant further investigation? _____ If yes, by whom: _____

Signed by person taking report Title _____

AOF OFFICIAL DISPOSITION: Claimed submitted: _____ How much: _____ Paid: _____

Comments: Use back of report if needed: _____