



American Outboard Federation

AOF National Office:
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AOF ACCIDENT REPORT

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: Clear ___ Cloudy ___ Rain ___ Thunder ___ Lightning ___
Wind: Gusty ___ Light ___ Heavy ___ Across course ___ Up front shoot ___ Up back shoot ___
Water: smooth ___ rough ___ waves ___ rollers ___
Created by: Spectator boats ___ shore line ___ weather ___

Extent of injuries: _____

Seen by EMT: _____ at Ambulance: _____ in drivers pit: _____ Refused Treatment: _____
Taken to hospital by Ambulance: _____ Private vehicle: _____ Other: _____ What? _____
If treatment refused, driver must sign here, acknowledging that he refused treatment:

_____ Boat #: _____
Drivers name and number
EMT report obtained: _____ Doctors report obtained: _____

Explanation of accident:

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

Signed by person taking report Title: _____

AOF OFFICAL DISPOSITION: Claim submitted: _____ How much: _____ Paid: _____
Comments: Use back of report if needed:

