

Personal Injury Report

Speed/Non-Speed/Off Road

EP-108



Office Use:

DRIVER'S NAME

Office Use:

Organisers are responsible for the completion of this form and in all cases at Motorsport Australia authorised events where any person suffers an injury and/or any person is given medical attention by first aid or medical personnel.

Additional reports (eg. Vehicle damage and/or incident reports) must be attached to this form.

STEWARD
SIGNATURE

SIGN HERE

SECRETARY
SIGNATURE

SIGN HERE

Injured's Details

SURNAME

GIVEN NAME/S

DATE OF BIRTH

— —

GENDER

ADDRESS

SUBURB

STATE

POSTCODE

EMAIL

MOBILE

PHONE

OCCUPATION

MOTORSPORT
AUSTRALIA ID
(If applicable)

CAR NUMBER
(If applicable)

ROLE AT EVENT

DRIVER

CO-DRIVER

OFFICIAL

PIT CREW

SPECTATOR

OTHER (PLEASE SPECIFY)

Event Details

VENUE

EVENT

DATE

— —

TIME OF INCIDENT

PERMIT NUMBER

Statement by Medical Personnel

THE COMPETITORS LICENCE:

SHOULD*

SHOULD NOT

...BE SUSPENDED PENDING FURTHER EXAMINATION.

*Note: if medical personnel consider licence should be suspended, it is to be immediately submitted to the Stewards of the Meeting with this form.

Further Details

INJURY	PERSONAL INJURY	NO PERSONAL INJURY	
TREATMENT LOCATION	COLLISION SCENE	MEDICAL CENTRE	OTHER
ARRIVAL METHOD	ON FOOT	AMBULANCE	NON MEDICAL VEHICLE

DESCRIPTION OF COLLISION AND CIRCUMSTANCES ASSOCIATED

CHIEF STEWARD

SIGN HERE

CLERK OF COURSE

SIGN HERE

DATE — —

DATE — —

Statement by Medical Personnel

WHERE SEEN

CONDITION ON INITIAL PRESENTATION

WHAT (IF ANY) TREATMENT WAS PERFORMED?

SUBSEQUENT TREATMENT RECOMMENDED	URGENT	NON URGENT
HOME REST	OWN DOCTOR	HOSPITAL
		OTHER

NAME OF MEDICAL PERSONNEL

SIGN HERE

DATE — —