

Personal Injury Report

Race

EP-109



Office Use:

DRIVER'S NAME

STEWARD
SIGNATURE

SECRETARY
SIGNATURE

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. Always complete page 1 and 2. Complete page 2 if this form also acts as the medical record.

The form must be signed by the medical personnel or doctor and both the Secretary and Steward on page 1.

Patient's Details

TIME IN

TIME OUT

SURNAME

DATE OF BIRTH

GIVEN NAME/S

MOTORSPORT
AUSTRALIA ID
(If applicable)

GENDER

MALE

FEMALE

NON-BINARY

DIFFERENT TERM
please specify:

PREFER NOT TO SAY

ADDRESS

SUBURB

STATE

POSTCODE

PHONE

EMAIL

CAR NUMBER

(If applicable)

ROLE AT EVENT

DRIVER

CO-DRIVER

OFFICIAL

PIT CREW

SPECTATOR

OTHER
please specify:

Event Details

EVENT

VENUE

DATE OF
INCIDENT

—

—

PERMIT
NUMBER

TIME OF
INCIDENT

SESSION OF
EVENT

TESTING

PRACTICE

QUALIFYING

RACING

DEMONSTRATION

OTHER
please specify:

INCIDENT
DETAILS

Include date, time
stage/turn number,
impact severity,
damage etc.

Statement by Attending Doctor/Authorised 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 Event with this form as well as emailed to medical.notifications@motorsport.org.au

NAME

POSITION

SIGNATURE

DATE

—

—

Collision and Response Details

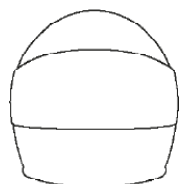
MIV SCRAMBLED?	YES	NO	WAS SPEED A CONTRIBUTING FACTOR?	YES	NO	
SESSION STOPPED/ RED FLAG?	YES	NO	NO. OF CARS INVOLVED?			
RACING MODIFIED?	YES	NO	FIRE IN CAR?	YES	NO	
ASSESSED AT SCENE?	YES	NO	EXTRICATION?	YES	NO	
ASSESSED AT MEDICAL CENTRE?	YES	NO	LOSS OF CONSCIOUSNESS?	YES	NO	
AMBULANCE REQUIRED?	YES	NO	ARRIVAL METHOD OF PATIENT	ON FOOT	CAR	AMBULANCE

Equipment Damage

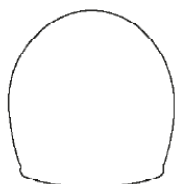
FHR DEVICE WORN?	YES	NO
FHR TETHERS DAMAGED?	YES	NO

HELMET DAMAGE EXTENSIVE MODERATE MINIMAL NIL

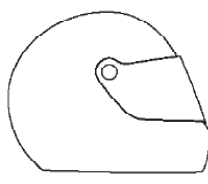
Indicate helmet damage (if any) on the diagrams



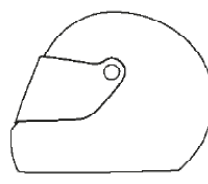
FRONT



BACK



RIGHT



LEFT

Summary Details

INJURY OR ILLNESS BASIC SUMMARY

SUBSEQUENT TREATMENT RECOMMENDED	URGENT	NON URGENT	REVIEW, When:
	HOME REST	OWN DOCTOR	HOSPITAL OTHER <i>please specify:</i>

TRANSFERRED TO HOSPITAL? YES NO

If **YES**, state reason why transferred

Hospital name

Receiving doctor's name

How was the patient transported? CAR AMBULANCE AIR AMBULANCE OTHER
please specify:

If transported via **Ambulance**: Crew name

Vehicle No.