



MOTORCYCLING NSW LIMITED

ACN 096 875 526 ABN 20 096 875 526

INJURY REPORT – COMPLETE ALL SECTIONS

IMPORTANT INFORMATION:

THIS FORM MUST BE COMPLETED FOR ANY INJURY REQUIRING TREATMENT BY FIRST AID, AMBULANCE OR MEDICAL PERSONNEL. THE CLERK OF THE COURSE IS RESPONSIBLE FOR ITS COMPLETION AND THE STEWARD MUST COUNTERSIGN. IF THE INJURY IS SERIOUS AND THE PATIENT IS TRANSPORTED TO A HOSPITAL/MEDICAL FACILITY BY AMBULANCE/HELICOPTER OR ANY OTHER MEANS, THE REPORT MUST BE RETURNED TO THE MNSW OFFICE THE NEXT WORKING DAY AFTER THE EVENT OTHERWISE IT MUST BE RETURNED TO THE OFFICE WITH RELEVANT MEETING INFORMATION/PAPERWORK WITHIN FIVE (5) WORKING DAYS FROM THE DATE OF THE EVENT.

PLEASE TICK RELEVANT BOXES

- | | | | |
|--|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> International | <input type="checkbox"/> Motocross/Supercross | <input type="checkbox"/> Trials | <input type="checkbox"/> Minikhana |
| <input type="checkbox"/> National | <input type="checkbox"/> Enduro/Cross Country | <input type="checkbox"/> Speedway | <input type="checkbox"/> Minicross |
| <input type="checkbox"/> Interclub | <input type="checkbox"/> Road Race | <input type="checkbox"/> Dirt Track | <input type="checkbox"/> Mini Enduro |
| <input type="checkbox"/> Club | <input type="checkbox"/> Historic Road Race | <input type="checkbox"/> Hill Climb | <input type="checkbox"/> Other |

ORGANISER/PROMOTER: _____			
MEETING NAME: _____	VENUE: _____		
PERMIT NO: _____	DATE: _____	SHEET: _____	OF: _____

TIME OF ACCIDENT: _____	EVENT CLASS: _____
-------------------------	--------------------

PLEASE INDICATE WHETHER RIDER IS: <input type="checkbox"/> SENIOR <input type="checkbox"/> JUNIOR	AGE IF JUNIOR: _____
---	----------------------

FULL NAME OF INJURED: _____	INJURED'S LICENCE NO: _____
-----------------------------	-----------------------------

<p>SUMMARISE ACCIDENT AND INJURIES SUSTAINED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>LOCATION OF ACCIDENT : DRAW DIAGRAM INDICATING APPROXIMATELY WHERE ACCIDENT TOOK PLACE AND NEAREST TURN NO:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> <u>TRACK DIAGRAM</u> </div> <p>CLERK OF THE COURSE: (PRINT) _____</p> <p>STEWARD: (PRINT) _____</p>	<p>CAUSE OF INJURIES</p> <p><input type="checkbox"/> HIT TRACK/GUARD</p> <p><input type="checkbox"/> HIT WALL/BARRIER/OBJECT</p> <p><input type="checkbox"/> STRUCK BY OWN/OTHER MOTORCYCLE</p> <p><input type="checkbox"/> OTHER – SPECIFY PLEASE: _____</p> <hr/> <p>NATURE OF INJURIES</p> <p><input type="checkbox"/> HEAD</p> <p><input type="checkbox"/> HAND <input type="checkbox"/> WRIST R<input type="checkbox"/> L<input type="checkbox"/></p> <p><input type="checkbox"/> ARM <input type="checkbox"/> SHOULDER R<input type="checkbox"/> L<input type="checkbox"/></p> <p><input type="checkbox"/> FOOT <input type="checkbox"/> LEG <input type="checkbox"/> ANKLE R<input type="checkbox"/> L<input type="checkbox"/></p> <p><input type="checkbox"/> UPPER BODY</p> <p><input type="checkbox"/> LOWER BODY</p> <p><input type="checkbox"/> OTHER (SPECIFY) _____</p> <p>ACTION TAKEN</p> <p><input type="checkbox"/> GIVEN 1ST AID</p> <p><input type="checkbox"/> REFERRED TO DOCTOR</p> <p><input type="checkbox"/> HOSPITAL TREATMENT RECOMMENDED</p> <p><input type="checkbox"/> AMBULANCE TRANSPORT REFUSED</p> <p><input type="checkbox"/> AMBULANCE TO HOSPITAL</p> <p>NAME OF HOSPITAL _____</p>
<p>SIGNATURE: _____</p> <p>SIGNATURE: _____</p>	