

# Personal Injury Report

## Speed/Non-Speed/Off Road

EP-108



Office Use:

DRIVER'S NAME

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.

STEWARD  
SIGNATURE

SIGN HERE

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

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**

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

**DESCRIPTION OF COLLISION AND CIRCUMSTANCES ASSOCIATED**

**CHIEF STEWARD**

SIGN HERE

**DATE**      —      —

**CLERK OF COURSE**

SIGN HERE

**DATE**      —      —

**Statement by Medical Personnel**

**WHERE SEEN**

**CONDITION ON INITIAL PRESENTATION**

**WHAT (IF ANY) TREATMENT WAS PERFORMED?**

<b>SUBSEQUENT TREATMENT RECOMMENDED</b>	URGENT	NON URGENT
HOME REST      OWN DOCTOR	HOSPITAL	OTHER

**NAME OF MEDICAL PERSONNEL**

SIGN HERE

**DATE**      —      —