

# 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.

NAME

POSITION

SIGNATURE

DATE

—

—

### Collision and Response Details

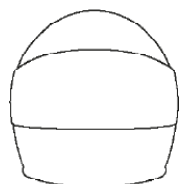
MIV SCRAMBLED?	YES	NO	WAS SPEED A CONTRIBUTING FACTOR?	YES	NO	
SESSION STOPPED/ RED FLAG?	YES	NO	NO. OF CARS INVOLVED?			
RACING MODIFIED?	YES	NO	FIRE IN CAR?	YES	NO	
ASSESSED AT SCENE?	YES	NO	EXTRICATION?	YES	NO	
ASSESSED AT MEDICAL CENTRE?	YES	NO	LOSS OF CONSCIOUSNESS?	YES	NO	
AMBULANCE REQUIRED?	YES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

### Equipment Damage

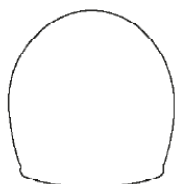
FHR DEVICE WORN?	YES	NO
FHR TETHERS DAMAGED?	YES	NO

HELMET DAMAGE                      EXTENSIVE                      MODERATE                      MINIMAL                      NIL

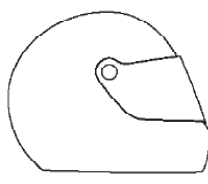
Indicate helmet damage (if any) on the diagrams



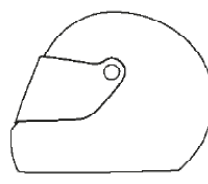
FRONT



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.