



2009 INJURY REPORT

PLEASE CHECK RELEVANT BOXES

- | | | | | |
|--|-------------------------------------|---------------------------------|---|--|
| <input type="checkbox"/> International | <input type="checkbox"/> Motocross | <input type="checkbox"/> Enduro | <input type="checkbox"/> Speedway / Track | <input type="checkbox"/> Supercross |
| <input type="checkbox"/> National | <input type="checkbox"/> Dirt Track | <input type="checkbox"/> Trials | <input type="checkbox"/> Road Race | <input type="checkbox"/> Non Competitive |

Promoter _____

Meeting Name _____

Venue / Date _____

NAME OF INJURED _____

EVENT / TIME _____

Location _____

Cause of Injuries

- Hit track / guard
- Hit wall / barrier / object
- Struck by motorcycle
- Other – please specify

Summarise accident and injuries

Nature of Injuries

- Head
- Hands / Arms R L
- Feet / Legs R L
- Upper body
- Lower body
- Other – please specify

Action Taken

- First Aid
- Referred to doctor / hospital
- Ambulance to hospital
- Admitted to hospital / Name

Requires medical clearance prior to competing YES / NO

NAME OF INJURED _____

EVENT / TIME _____

Location _____

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- First Aid
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Requires medical clearance prior to competing YES / NO

 Clerk of Course's Signature

OR

 Steward's Signature