



2009 SERIOUS INJURY REPORT

Please fax form to the following immediately after the incident

Fax Attention to:	Aon Risk Services – Jeremy Gray	f: 03 9211 3506 (t:03 9211 3000)
For NSW Events also fax to:	Department of Sport and Recreation	f: 02 9006 3884 (t: 02 9006 3844)
	The Local Area Commander,	f: (see promoter for details)
	Traffic Services, and Local Police	f: (see promoter for details)

Please note: A serious injury is defined as a fatal accident or where a person has been conveyed to hospital or a medical centre for treatment

Date: _____ / _____ / _____ **Time:** _____ AM/PM

Event: _____

Track: _____

Licensee: _____

Details of Injured Person:

- Competitor
 Spectator
 Official
 Other (Please Specify) _____

Name:			
Full Address:			
Date Of Birth:			
Injury Type:			
Incident Description:			
Further Information Considered Appropriate:			
Condition of Track:			
Place where injury was treated:			
Person completing these details:	Full Name:	_____	Telephone No: _____
	Address:	_____	
	State:	_____	Postcode: _____
	Position:	_____	Title: _____
	Signature:	_____	