

# Event Injury Report Form

(A copy must be submitted to promotor at the end of the event)

Club/Promoter Name \_\_\_\_\_ Injury report for event date \_\_\_\_\_

AMA/ATVA # \_\_\_\_\_ Class \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Evening Phone # \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Parents Name (if minor) \_\_\_\_\_

INJURY TO: SPECTATOR  RIDER  OFFICIAL  MECHANIC  VENDOR  OTHER  (i.e. Photogs.)

WHERE INJURY OCCURRED: TRACK  STANDS  PIT/STAGING  GROUNDS (including parking)  ROAD

WHEN AND HOW INJURY OCCURRED \_\_\_\_\_

Type of Injury	Cuts/ Bruises	Fatal	Head	Face	Neck	Collarbone	Shoulder	Arms	Wrist	Hand	Chest/Ribs	Internal	Back/Spine	Hips	Upper Legs	Knee	Lower Legs	Ankles	Feet	Burns	Miscellaneous	And Other	Unconscious	At Event
Check Appropriate Boxes																								

FIRST AID AT EVENT

REFUSED FIRST AID AT EVENT

REFUSED TRANSPORT

TRANSPORT BY AMBULANCE

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Witness Information:

\*WITNESS EXAMPLES: FLAGMAN, SPECTATORS, RIDERS, PITCREW, PHOTOGRAPHERS, VENDORS, ETC.