

AMA Sanctioned Event Injury Report Form

ATTN: RISK MANAGEMENT OFFICER

In order to maintain a viable insurance program and protect from liability, it is essential that this report with a referee report and release forms be filled out in detail and mailed to the AMA within 14 days of a sanctioned event. However, in the case of a **Serious Injury**, please respond immediately to the AMA as described below.

Your duties as Risk Management Officer Include:

- Assure that the event is properly sanctioned with liability insurance coverage intact. You should verify this no later than the week prior to the event and notify the AMA home office immediately if any problems exist.
- Review the registration procedures and check that you have an adequate supply of all sign-up materials and release forms that are required to be signed by all participants, guardians and workers of the event. Make sure there is a sufficient supply of all forms so that shortages will not occur the day of the event.

In the event of a Serious Injury:

- 1) **Call the AMA immediately on the first working day** following the event to report any accident involving ambulance transport such as:
 - a. A fatality
 - b. Serious Injury including hospitalization (overnight stay at hospital)
 - c. Head Injury (including prolonged unconsciousness)
 - d. Neck Injury
 - e. Paralysis
 - f. Serious Back Injury
- 2) Please fax a copy of the release form and data card to the Sanctioning Department the same day. Fax # 614-856-1921
- 3) Research and consolidate information on all participant or spectator mishaps or occurrences. Please include the names and addresses of eyewitnesses on this form.

Call toll-free 1-800-262-5646 (AMA's Organizer Services)"

Advise them "I have a sanctioned event injury to report."

In addition to complete details about the injury, you will also be required to report the information requested below.

**American Motorcyclist Association
13515 Yarmouth Drive, Pickerington, OH 43147**

Club/Promoter Name _____ Phone # (____) _____
Address _____ City _____ State _____ Zip _____
Event Dates _____ Event Type _____ Sanction # _____ Dist. _____

Risk Management Officer Reporting

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Daytime Phone #(____) _____ E-mail _____

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 Name _____ Address _____ Home Phone _____ Work Phone _____

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

Club/Promoter Event _____ **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 _____

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