## **AMA Racing 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.

In the case of a <u>Serious Injury</u>, notify the AMA on the first business day following your event.

LI Ensure that the event is properly sanctioned with the prioper insurance coverage intact.
You should verify this no later than the week prior to the event and notify the AMA 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.

## In the event of a **Serious Injury**:

- 1) Call the AMA immediately on the first business day following the event to report any accident involving:
  - 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 scan/email the release form with the injured participants signature to the appropriate discipline coordinator or fax a copy of the release form to 614-856-1921.
- 3) Research and consolidate information on all participant or spectator incidents. Please include the names and addresses of eyewitnesses on this form.
- 4) **Call 1-800-262-5646** and ask for the appropriate department coordinator. Advise them that you have a serious event injury to report.

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

Organizer Name	Phone #	
Event Date(s)		
AMA Sanction #		
F	Risk Management Officer Reporting	
Name	Date	
Phone		
Email		

	b/Promoter Name        Injury report for event date           A #Class         Name   Age																								
AMA #Class_	NameAge																								
Address	Ci									Dha	no #			StateZip										_	
Parents Name (if minor)								Day	ııııe	FIIC	11 IC #														
INJURY TO: SPECTATOR						OFFI	CIAL	. 🗆		ME	СНА	NIC		,	VEN	DOR			ОТІ	HER		(i.	e. Pl	noto	- qs.)
WHERE INJURY OCCURRED:																						٠		AD	•
WHEN AND HOW INJURY OCC																		_	pari	KIII 9	, –		I C	70	
WILL AND HOW INDON'T GOO	J. (.)	`LD_																							
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																									
IRST AID AT EVENT  REFUSED FIRST AID AT EVENT REFUSED TRANSPORT																									
TRANSPORT BY AMBULANCE Company Name Address Phone #																									
*Witness Name	Company Name Add Address										uures	ss Phone #  Home Phone Work Phone													
																						_			
*WITNESS EXAMPLES: FL	.AGN	ΛΑN,	SPE	CTAT	ORS	, RID	ERS.	, PIT	CREV	V, PF	HOTC	GRA	PHE	RS, ∖	/END	ORS	, ETC	С.							
Club/Promoter Name																									
AMA #Class_																									
Address Evening Phone #								U	ιy rtime	Pho	ne #					_518	ile			<u> </u>				_	
Parents Name (if minor)																									
INJURY TO: SPECTATOR		RIDI					CIAL				СНА	NIC		,	VEN	DOR			ОТІ	HER		(i.	e. Pl	noto	- gs.)
WHERE INJURY OCCURRED:	TR/	CK	П	ç	STAN				IT/S					GRO								٠		AD	•
WHEN AND HOW INJURY OCC			_				_	-				_				(		9	<b>P</b> • · · ·	9	,				_
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	<del>                                     </del>																					+			
FIRST AID AT EVENT	•		R	EFU	SED	FIR	ST A	ID A	T E	/EN	T I				R	EFU	SED	TRA	ANS	POR	T				
TRANSPORT BY AMBULANCE		] _																							
				•	any N	ame			Address									Phone #							
*Witness Name	Address Home Phone Wor										Vorl	rk Phone													

Club/Promoter Name	Promoter NameInjury report for event date																								
AMA #Class_		NameAge																							
Address		CityStateZip												_											
Parents Name (if minor)										1 110	піс п														
	RIDER OFFICIAL MECHANIC VENDOR OTHER (i.e. P												noto	gs.)											
WHERE INJURY OCCURRED:	: TRACK $\square$ STANDS $\square$ PIT/STAGING $\square$ GROUNDS (including parking) $\square$ RO												AD												
WHEN AND HOW INJURY OCC	URF	RED_																							
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	$\vdash$							-	-	-		-													
FIRST AID AT EVENT	<u> </u>		R	L EFU	SED	FIR	ST A	AID A	T E	VEN.	<u> </u> T [				R	_ EFU	SED	TRA	ANS	 POR	<u> </u> Т				
FIRST AID AT EVENT  REFUSED FIRST AID AT EVENT REFUSED TRANSPORT  TRANSPORT BY AMBULANCE  TRANSPORT BY																									
TRANSPORT BY AMBDEANCE	Company Name Address													ne #											
*Witness Name	Address											Home Phone Work P											hone		
*WITNESS EXAMPLES: FL	AGN	/AN.	SPE	CTAT	ORS	. RID	ERS	PITO	CREV	V. PF	ЮТС	GRA	PHE	RS. \	/END	ORS	. ETC	2.							
Club/Promoter Name Class_																									
Address					•			Ci	ty							Sta	ate_		Z	<u></u>			_	_	
Evening Phone #								_Day	⁄time	Pho															
Parents Name (if minor)																									-
INJURY TO: SPECTATOR		RIDI			C	OFFI	CIAL	_ 🗆		ME	СНА	NIC		,	VEN	DOR			OTI	HER		(i.	e. P	noto	gs.)
WHERE INJURY OCCURRED:	TRA	ACK		S	STAN	IDS		F	PIT/S	TAG	ING		(	GRO	UND	ii) 20	nclu	ding	parl	king	) [		RC	AD	
WHEN AND HOW INJURY OCC	URF	RED_																							
	т—		1		1	1					1		1	1	1			1			1				
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	.11		R	EFU	SED	FIR	ST A	ID A	T E	VEN.	T [				R	EFU	SED	TRA	ANS	POR	Т				
TRANSPORT BY AMBULANCE		]																							
	Company Name Address										P									ne #					
*Witness Name	Address Home Phone Wo										Vorl	ork Phone													

Club/Promoter Name	Promoter NameInjury report for event date																								
AMA #Class_		NameAge																							
Address		CityStateZip												_											
Parents Name (if minor)										1 110	піс п														
	RIDER OFFICIAL MECHANIC VENDOR OTHER (i.e. P												noto	gs.)											
WHERE INJURY OCCURRED:	: TRACK $\square$ STANDS $\square$ PIT/STAGING $\square$ GROUNDS (including parking) $\square$ RO												AD												
WHEN AND HOW INJURY OCC	URF	RED_																							
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	$\vdash$							-	-	-		-													
FIRST AID AT EVENT	<u> </u>		R	L EFU	SED	FIR	ST A	AID A	T E	VEN.	<u> </u> T [				R	_ EFU	SED	TRA	ANS	 POR	<u> </u> Т				
FIRST AID AT EVENT  REFUSED FIRST AID AT EVENT REFUSED TRANSPORT  TRANSPORT BY AMBULANCE  TRANSPORT BY																									
TRANSPORT BY AMBDEANCE	Company Name Address													ne #											
*Witness Name	Address											Home Phone Work P											hone		
*WITNESS EXAMPLES: FL	AGN	/AN.	SPE	CTAT	ORS	. RID	ERS	PITO	CREV	V. PF	ЮТС	GRA	PHE	RS. \	/END	ORS	. ETC	2.							
Club/Promoter Name Class_																									
Address					•			Ci	ty							Sta	ate_		Z	<u></u>			_	_	
Evening Phone #								_Day	⁄time	Pho															
Parents Name (if minor)																									-
INJURY TO: SPECTATOR		RIDI			C	OFFI	CIAL	_ 🗆		ME	СНА	NIC		,	VEN	DOR			OTI	HER		(i.	e. P	noto	gs.)
WHERE INJURY OCCURRED:	TRA	ACK		S	STAN	IDS		F	PIT/S	TAG	ING		(	GRO	UND	ii) 20	nclu	ding	parl	king	) [		RC	AD	
WHEN AND HOW INJURY OCC	URF	RED_																							
	т—		1		1	1					1		1	1	1			1			1				
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	.11		R	EFU	SED	FIR	ST A	ID A	T E	VEN.	T [				R	EFU	SED	TRA	ANS	POR	Т				
TRANSPORT BY AMBULANCE		]																							
	Company Name Address										P									ne #					
*Witness Name	Address Home Phone Wo										Vorl	ork Phone													