



AMA Injury Report Form

Please submit to AMA within 14 business days of the event – organizerservices@ama-cycle.org

PLEASE ATTACH A COPY OF THE SIGNED WAIVER OF INJURED INDIVIDUAL

In the case of a **SERIOUS INJURY** (fatality, overnight hospitalization, paralysis, serious back/neck/head injury, prolonged unconsciousness), contact the AMA immediately on the first business day following the event to report the accident.

Event Date

AMA Sanction #

Organizer Name

Phone #

Event Type (Off-Road, Track, MX)

Event Location/Track Name

Risk Management Officer Name

Risk Management Officer Email

Incident Information

AMA #

Name

Date of Birth

YES ☐ NO ☐

Address

Is Individual a Minor?

City

State

ZIP Code

Please List Legal Guardian's Name(s) and Phone Number(s) if Individual is a Minor

Does the Individual Have an Annual Release on File?

YES ☐ NO ☐

Racing Class

Machine Size (cc)/Make/Model/Year

Skill Level (A,B,C)

Injury To (Spectator, Rider, Official, Mechanic, Vendor, Other)

Injury Location (Track/Course, Stands, Pits/Staging, Grounds, Parking Lot, Road, Other)



When and How Did Injury Occur? *Please note if there was a track obstacle involved.*

YES ☐ REFUSED ☐

First Aid at Event

YES ☐ REFUSED ☐

Transport By Ambulance/Helicopter

Transport Company Name (if used)

Phone #

Transport Company Address, City, State

FATAL HEAD FACE NECK COLLARBONE SHOULDER ARMS HAND WRIST CHEST BACK
INTERNAL HIPS UPPER LEGS LOWER LEGS ANKLES FEET UNCONSCIOUS BURNS OTHER

Type of Injury *select all that apply*

Hospital/Medical Facility Name:

Witness Name(s)

Witness Phone #

YES ☐ NO ☐

Photo(s)/Video Attached?

FOR USE BY AMA:

Insurance Company:

Policy/Certificate #: