



MOTORCYCLING SOUTH AUSTRALIA

PRELIMINARY MAJOR INCIDENT REPORT



To be completed by the Steward
Returned No later than 24 Hours after the event to the MSA Office
 Facsimile: 08 8332 9100 email: operations@motorcyclingsa.org.au

This form **must** be completed in the following circumstances:
 An injured person has been transported by ambulance or private vehicle
 An injured person has been advised to attend the hospital by First Aid Personnel
 A person has received an injury in which you believe should be referred to hospital
 An injury is always a suspected injury, Follow all established procedures in relation to the Incident/Accident

**In an event of a death please contact the local police
 the General Manager of MSA on 0408 928 548 immediately.**

PLEASE NOTE: You are not expected to provide a medical assessment of an injured person, if in doubt, complete this form

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|---------------------------------|---------------------|---|------------------------------------|-----------------------------------|
| Date of Incident: | Track Name: | Permit No: | | |
| | | Map Attached: | | |
| Name of Injured Person: | | | | |
| MA Licence No: | Expiry Date: | Status: <i>Please tick box below</i> | | |
| | | <input type="checkbox"/> Rider | <input type="checkbox"/> Pit Crew | <input type="checkbox"/> Official |
| | | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Spectator | <input type="checkbox"/> Other |
| DOB: | Address: | | | |
| Injury Details: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Description of Incident: | | | | |
| Race Number: | Time: | Closest Fag Point: | Jump No.: | Corner No: |
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Trainee
Stewards Name (Print): _____ **Trainee Stewards Signature:** _____

Stewards Name (Print): _____ **Stewards Signature:** _____

Telephone No: _____