



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

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 Flag Point:	Jump No.:	Corner No:

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

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

Telephone No: _____