

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 Serious Injury, notify the AMA on the first business day following your event.

Your duties as Risk Management Officer Include:

- Ensure that the event is properly sanctioned with the proper 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) _____ Event Type _____

AMA Sanction # _____

Risk Management Officer Reporting

Name _____ Date _____

Phone _____

Email _____

Club/Promoter Name _____ **Injury report for event date** _____
 AMA # _____ 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 Name _____ **Injury Report for Event Date** _____
 AMA # _____ 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 Name _____ **Injury report for event date** _____
 AMA # _____ 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 Name _____ **Injury Report for Event Date** _____
 AMA # _____ 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 Name _____ **Injury report for event date** _____
 AMA # _____ 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 Name _____ **Injury Report for Event Date** _____
 AMA # _____ 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.