



Serious Injury Report

Date: _____ File No. ____ /A/____

Motor Vehicle Racing Ground: _____

Lincensee: _____

(A serious injury is defined as a death or where a person has been conveyed to hospital or a medical centre for treatment.)

Competitor <input type="checkbox"/>	Spectator <input type="checkbox"/>	Official <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>
Name:			
Full address:			
Date of birth:			
Injury type:			
Incident description			
Further Information considered appropriate:			
Condition of track:			
Place where injury was treated:			
Person completing these details:	Full name: _____ Phone: _____ Address: _____ _____		

Please forward immediately to:-

- 1) Sport and Recreation - Fax: (02) 8754 8877, Email: motorsport@sport.nsw.gov.au; and**
- 2) The Local Area Commander, Traffic Services, Local Police**