

MOTORCYCLING NEW ZEALAND INC

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Postal: PO Box 253; Huntly 3740 - Courier: 211 Main Street; Huntly 3700

EVENT INJURY REPORT Date of Event Permit No. Stewards Name Organising Club Concussion Risk Transported By Racing Stopped Name of Injured Person DOB Licence # Refered to Rider Official YES YES YES SUSPECTED Private Car Ambulance Other NO NO NO Other Spectator Helicopter **DESCRIPTION OF INJURIES:** Name of Injured Person DOB Licence # **Racing Stopped Concussion Risk** Refered to Transported By Rider Official YES YES SUSPECTED Private Car Ambulance YES Other Spectator Other NO NO NO Helicopter **DESCRIPTION OF INJURIES:** Name of Injured Person DOB Licence # Racing Stopped Concussion Risk Refered to Transported By Rider Official YES YES YES SUSPECTED Private Car Ambulance Spectator Other NO NO NO Helicopter Other **DESCRIPTION OF INJURIES:** Name of Injured Person DOB **Concussion Risk** Refered to Transported By Licence # Racing Stopped Official SUSPECTED Rider YES YES YES Private Car Ambulance NO Other Spectator Other Helicopter **DESCRIPTION OF INJURIES:** Transported By Name of Injured Person DOB **Racing Stopped** Concussion Risk Refered to Licence # YES Private Car Rider Official YES YES SUSPECTED Ambulance Spectator Other NO NO NO Helicopter Other **DESCRIPTION OF INJURIES:**

ATTENTION STEWARDS: This form must be given to the Medical Personnel at the start of the event. After the event this form must be sent to the MNZ Office with the Stewards Report & injured competitors licence & logbook (as per rule 6.2 & 6.2a).

Name of Medical Person:			
Position - St John	Registered Nurse	☐ Doctor	Private Medical Person