

# AMA Sanctioned Event 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. However, in the case of a **Serious Injury**, please respond immediately to the AMA as described below.

### **Your duties as Risk Management Officer Include:**

- Assure that the event is properly sanctioned with liability insurance coverage intact. You should verify this no later than the week prior to the event and notify the AMA home office immediately 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. Make sure there is a sufficient supply of all forms so that shortages will not occur the day of the event.

### **In the event of a Serious Injury:**

- 1) **Call the AMA immediately on the first working day** following the event to report any accident involving ambulance transport such as:
  - 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 fax a copy of the release form and data card to the Sanctioning Department the same day. Fax # 614-856-1921
- 3) Research and consolidate information on all participant or spectator mishaps or occurrences. Please include the names and addresses of eyewitnesses on this form.

**Call toll-free 1-800-262-5646 extension 1237 (Organizer Services) or extension 1256**, in the event the first extension is busy. Advise them "I have a sanctioned event injury to report."

In addition to complete details about the injury, you will also be required to report the information requested below.

**American Motorcyclist Association  
13515 Yarmouth Drive, Pickerington, OH 43147**

Club/Promoter Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Event Dates \_\_\_\_\_ Event Type \_\_\_\_\_ Sanction # \_\_\_\_\_ Dist. \_\_\_\_\_

### **Risk Management Officer Reporting**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone #(\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

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