



Motorcycling Australia
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2010 SERIOUS INJURY REPORT

Please fax form to the following immediately after the incident

Aon Risk Services – Jeremy Gray f: 03 9211 3506 (t:03 9211 3000)

Copy of this report must be sent to the MANT Office As Soon As Possible

Please note: A serious injury is defined as a fatal accident or where a person has been conveyed to hospital or a medical centre for treatment

Date: _____ Time: _____

Event: _____

Track: _____

Licensee: _____

Details of Injured Person:

Competitor Spectator Official Other (Please Specify) _____

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: _____ Telephone No: _____
	Address: _____
	State: _____ Postcode: _____
	Position: _____
	Signature: _____