



## SERIOUS INJURY REPORT

**PLEASE FAX THIS FORM TO THE FOLLOWING IMMEDIATELY AFTER THE INCIDENT**

Fax attention to:	AON Risk Services	Jeremy Gray	f: 03 9211 3506	t: 03 9211 3000
For NSW Events also fax to:	Department of Sport and Recreation		f: 02 9006 3884	t: 02 9006 3844
	The Local Area Commander		f: (see promoter for details)	
	Traffic Services and Local Police		f: (see promoter for details)	

**A SERIOUS INJURY IS DEFINED AS A FATAL ACCIDENT OR WHERE A PERSON HAS BEEN CONVEYED TO HOSPITAL OR A MEDICAL CENTRE FOR TREATMENT.**

Meeting Name:			
Venue:			
Licensee:			
Date:		Time:	

**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:	

**Details of Person Completing this form:**

Full Name:			
Address:			
State:		Postcode:	
Telephone No.:			
Position:		Signature:	