



NAMIBIAN MOTORSPORT FEDERATION



ACCIDENT REPORT FORM for 2018:

This form is to be completed for Competitors / Team members & Officials involved in an accident at a NMSF event and submitted to the Race Secretary at the end of each event for onward submission to the NMSF. Every accident is to be recorded, irrespective of whether the competitor was seen by medical staff in attendance or not; and irrespective of whether any apparent injuries were sustained or detected.

Please ensure all fields are completed in full for record purposes

Competitors who refuse medical attention should be declared as Unfit for the remainder of the day and for subsequent race meetings

Documentation to be submitted together with this form: Patient Report Forms, Competitor Self-Discharge forms and Special Medical Examination forms

All above documentation to be forwarded by Race Secretary to the NMSF Office by no later than 16h00 on the Tuesday after the event

Event Venue/Name:		Medical Service Provider:
Event Club/Organizer:		CMO / CMC Name:
Event Region:		CMO / CMC Contact Details (i.e. CELL NO. & EMAIL ADDRESS)
Event Dates:		
Event Category: INTERNATIONAL / NATIONAL / CLUB		
Event Race Secretary & Contact Details (i.e. CELL NO. & EMAIL ADDRESS)		CMO / CMC HPCSA No:

P.E. = Part of event	Disp = Disposal	Tr = Transport	Hos = Yes (>12 hours)	F = Fit	P = Pt Priority	
P = Practice	R = Released	C = Car	Y = No (<12hours)	U = Unfit	0 = Not injured	3 = P3 (Minor)
Q = Qualifying	H = Hospital	A = Ambulance	N		1 = P1 (Serious)	4 = P4 (Fatal)
R = Race		H = Helicopter			2 = P2 (Moderate)	5 = Refused Rx

P.E.	NAME	SURNAME	ID number	NMSF Licence #	Gender	Suspected Diagnosis	Priority	Disposal	Transport	Hospital Admit.	Fit/Unfit
					M / F	Left/Right; Anat.region & Type of injury					

RETARY	SIGNATURE: _____	PRINT NAME _____	DATE _____
THE COURSE	SIGNATURE: _____	PRINT NAME _____	DATE _____
	SIGNATURE: _____	PRINT NAME _____	DATE _____