



ACCIDENT REPORT FORM

(updated May 2013)

This form must be sent to BMXA within two (2) working days of the accident

Mailing Address: **BMX Australia, PO Box 6310, Alexandria 2015**

Fax to **(02) 9339 5888** or scan and email to: **info@bmxaustralia.com.au**

Accident Venue: _____

Details of person submitting report

Name: _____ Telephone: _____

Submit date: _____ Date/time accident: _____

Signature of submitter: _____

Details of injured person

Employee ___ Member of Public ___ Club Member ___ Other ___

If "other", please specify: _____

Name: _____ Sex M / F DOB: _____

Residential Address: _____

Telephone: _____ Occupation: _____

Has Parent/Guardian of injured person been contacted? Yes ___ No ___

Injury Details (part of body/suspected injury): _____

First Aid Management: _____

Signature

Injured Person / Parent / Guardian: _____

Follow-up Report (tick more than one box if applicable)

Note that completing the following tables is not a substitute for providing all of the information requested overleaf.

Location of Accident

Track		Straight		Club Rooms	
Warm Up Area		Jumps		Commentary Twr	
Starting Gates		Finish Line		Track Surrounds	
Starting Hill		Canteen		Working Bee	

Type of Incident

Trip / Fall / Slip		Collision		Stabbing Injury	
Crushing Injury		Dehydration		Burning	
Cutting / Slicing		Overheating		Foreign Bite	
Hit / Punch		Fall from equip		Other	

Part of Body Injured

Head		Arms / Shoulder		Hip / Leg	
Neck		Mouth		Torso / Ribs	
Eyes		Feet / Toes		Knee	
Ankle		Hands / Fingers		Other	

Nature of Suspected Injury

Sprain / Strain		Dislocation		Head Injury	
Puncture		Bruising		Foreign Body	
Graze		Sting / Bite		Concussion	
Infection		Fracture		Fainting	
Burn		Chipped Tooth		No apparent injury	

Action Taken

D.R.A.B.C.		R.I.C.E.R.		Bandaging	
Dressing		Observation		Immobilisation	
Observation		Doctor		Hospital (car)	
Hospital (ambo)		No Action		Other	

Office Use Only – BMXA Report _____

BMXA Staff Signature / Date: _____