WMX10



WOMZA2WHEELS - W2W BIKES

ACCIDENT STATISTICS FORM for 2018

This form is to be completed for Competitors / Team members & Officials involved in an accident at an W2W BIKE event and submitted to Race Secretary at the end of each event for onward submission to W2W BIKES 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 as this information is utilised for statistical purposes

Competitors who refuse medical attention do so at their owrn risk and must sign Patient Report Form and Serl Discharge Form

Documentation to be submitted together with this form: Patient Report Forms, Competitor Self-Discharge forms and Special Medical Exaination forms All above documentation to be forwarded by Race Secretary to W2W BIKES by <u>no later than the Monday</u> after the event: fionaj1@telkomsa.net / 086 568 2194

Event Name:											Medical Service Provider:]	Circuit	t/track L	ength	
Event Venue:											CMO / CMC Name:										
Event Region:																					
Event Dates:											CMO / CMC HPCSA No: Permit No:							# Com	petitors	s/day	
Event Category:											CMO / CMC Contact No:										
		= Day					P = Pt Priority						ospital Admission								
				= Practice		S = Sunny		N = None		0 = Not injured			R = Released					>12 hours)			
		= Tues Q = Qualifying			R = Rain		H = Hans		1 = P1 (Serious)			H = Hospital		N = No (<12hours)							
	3 = Wed		R	= Race		С	L = Leatt			= P2 (Mo		Transp = Transport									
	4 = Thurs							D = DefNder		3 = P3 (Minor)		nor)	C = Car		F	F = Fit					
	5	= Fri			O = Other				4 = P4 (Fatal)			A = Ambulance		U	= Unfi	t					
	6	o = Sat					(specify)				5 = Refused Rx			H = Helicopter							
	7	= Sun	= Sun												-						
Ē		-								Oradaa		<u> </u>		Suspected Diagnosis		T	— —				
Г	ay	P.E.	W	Time	Class	Rider	WOMZA	INITIAL &	SURNAME	Gender	Age	Turn #	Neck		-	Р	Disp	Transp	Hosp	Fit/	
	~,			eg. 15h3 0		#	Licence #			M/F	-		brace	Left/Right; Anat.reg	ion & Type of injury				adm	Unfit	
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