



MOTORSPORT SOUTH AFRICA NPC

Reg. No 1995/005605/08

ACCIDENT REPORT FORM for 2021:

This form is to be completed for Competitors / Team members & Officials involved in an accident at an MSA event and submitted to MSA and the Race Secretary at the end of each event. 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 the CMC and/or Race Secretary to MSA by no later than 12h00 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 / REGIONAL / CLUB	CMO / CMC HPCSA No:
Event Race Secretary & Contact Details (i.e. CELL NO. & EMAIL ADDRESS)	

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

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P.E.	Name	Surname	ID number	MSA Licence Number	Gender	Suspected Diagnosis	Priority	Disposal	Transport	Hospital Admission	Fit / Unfit
					M / F	Left/Right; Anat.region & Type of injury					

CMO / CMC	SIGNATURE: _____	PRINT NAME _____	DATE _____
RACE SECRETARY	SIGNATURE: _____	PRINT NAME _____	DATE _____
CLERK OF THE COURSE	SIGNATURE: _____	PRINT NAME _____	DATE _____