



Queensland Government



Australian Government
Australian Sports Commission

EVENT INJURY REPORT

DATE	PERMIT NO#	EVENT NAME	VENUE
NAME OF INJURED			
ADDRESS			
DATE OF BIRTH		MA LICENCE	
TIME OF ACCIDENT		EXPIRY DATE	
TYPE OF INJURED PERSON			
LOCATION: (POSITION ON TRACK – CLOSEST FLAG POINT OR JUMP ETC)			

NATURE OF INJURY	
TYPE OF INJURY	
TRANSPORTED	
REQUIRES MEDICAL CLEARANCE	

<u>SUMMARISE ACCIDENT & INJURIES:</u>
<u>UPDATE ON RIDER:</u>

MUST BE EMAIL NEXT BUSINESS DAY FOLLOWING THE EVENT TO BOTH AON & MQ
au.fim.insurance@aon.com & operations@mqlld.org.au

STEWARD _____

LICENCE NUMBER _____ CONTACT NUMBER _____

IN AN EVENT OF A FATALITY OR PERMANENTLY DISABLING INJURY PLEASE CONTACT THE
Kim Rowcliffe (MQ General Manager) on 0488 112 120 or John Bolitho (MA MAIL Director) on 0418 319 695