

DMSB - Medical Accident Report KART

Version 01/2022, last change on 02.01.2022

Important out filling notes:

1. The report must be completed in full by race doctor in place treating
2. The report has to be immediately (at the latest on the next working day) by the attending Race Doctor on site or Steward exclusively by email to unfallmeldung@dmsb.de to send
3. After sending by email, the report has to be destroyed (except attending Race Doctor)

Further notes:

An accident report has to be made additionally by the injured via the online accident notification on the DMSB-website www.dmsb.de/de/lizenzen/online-unfallmeldung

In case of accident/illness of spectators/aides, which are directly connected to the event, as well as for treatment of past injuries of drivers, please fill in a free medical report if necessary!

Class

Bambini/Mini VT Kat I OK X 30 Junior KZ2 DEKM
 Superkart VT Kat II OK-Junior X 30 Senior

Name of the event Date

Place of the event Reg-No.

CMO RD

Injured Person

Start-No. Licence No. DOB

Name First name

Accident

Time of accident Date Time

Place Marshal Post No. or outside of the course (paddock, spectator are)

Accident description Marshall driver other

Used rescue equipment

Primary care by Doctor Paramedic

Medical Code / A-B-C-D-E green yellow red blue

Please insert the corresponding letter (please insert no X)!

C = concussion, A = skin abrasion, S = sprain, F = fracture, H = haematoma, D = dislocation, W = wound

Upper limb	re	li	Lower limb	re	li	Spine	other region
Clavicule	<input type="checkbox"/>	<input type="checkbox"/>	Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	Cerbical	<input type="checkbox"/> Abdomen <input type="checkbox"/>
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Hip	<input type="checkbox"/>	<input type="checkbox"/>	Thoracic Spine	<input type="checkbox"/> Chest/Rips <input type="checkbox"/>
Humerus	<input type="checkbox"/>	<input type="checkbox"/>	Femur	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar spine	<input type="checkbox"/> Scull <input type="checkbox"/>
Upper arm	<input type="checkbox"/>	<input type="checkbox"/>	Thigh	<input type="checkbox"/>	<input type="checkbox"/>	Sacrum	<input type="checkbox"/> Face <input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>	Coccys	<input type="checkbox"/> Eyes <input type="checkbox"/>
Ulna	<input type="checkbox"/>	<input type="checkbox"/>	Calf	<input type="checkbox"/>	<input type="checkbox"/>		
Radius	<input type="checkbox"/>	<input type="checkbox"/>	Tibia	<input type="checkbox"/>	<input type="checkbox"/>	SHT-Grade I°	<input type="checkbox"/> II° <input type="checkbox"/> III° <input type="checkbox"/>
Forearm	<input type="checkbox"/>	<input type="checkbox"/>	Fibula	<input type="checkbox"/>	<input type="checkbox"/>		
Wrist	<input type="checkbox"/>	<input type="checkbox"/>	Lower leg	<input type="checkbox"/>	<input type="checkbox"/>	other injuries	
Thumb	<input type="checkbox"/>	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	<input type="checkbox"/>		
Scaphoid	<input type="checkbox"/>	<input type="checkbox"/>	Foot	<input type="checkbox"/>	<input type="checkbox"/>		
Hand/ Digits	<input type="checkbox"/>	<input type="checkbox"/>	Digits	<input type="checkbox"/>	<input type="checkbox"/>		

Death Time of death

Findings/Therapy no findings no therapy

Further transport by own car/Team car PTA Ambulance with Physician Helicopter

Destination of transport/hospital

DIVI-protocol / short medical letter / accompanying letter yes no

Fit to race beyond the event yes no doubtful

DMSB-Licence yes no Licence retention yes no

Brace (please indicate, which Brace was worn)

no Brace Leatt Brace Ortema Neck-Brace soft Brace

other, please indicate manufacturer

Safety seat yes no Chestprotector yes no

Manufacturer

Special findings

(please make an anamnesis with SAMPLER if necessary!)

Vital parameters on arrival

RR HF SpO2 peripheral cir., motoric, sens.

GCS initial BZ NACAScore Joints / spine free

Tetanus protection according to own statement yes no doubtful

Findings

Therapy

Vital parameters on transfer to rescue service for onward transport

RR HF SpO2 GCS BZ

In case of injured drivers, who were treated outside the circuit/track

Call to physician's practice/Hospital Date Time

Caller Respondent

Information about the condition of the patient was denied by the target clinic

for admission Dauer transfer to

ambulant treatment Leave hospital on own initiative

Findings on examination confirmed initial suspicions yes no