

DMSB - Medical Accident Report AUTOMOBILE and MOTORCYCLE

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 e-mail 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!

Motorcycle

- Track Racing E-Bike Enduro Mini Moto Motocross Motoball
 SuperMoto Trial Road Racing

Automobile

- Hill-Climb Drag Racing Drift Offroad Rally Circuit Slalom

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 and/or arrive Medical Center

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

Accident description Marshall driver other

Used rescue equipment Medical Car/MIC in use Ex-Team use

Primary care by Doctor NFS/RA/RS

Medical Code / A-B-C-D-E

green

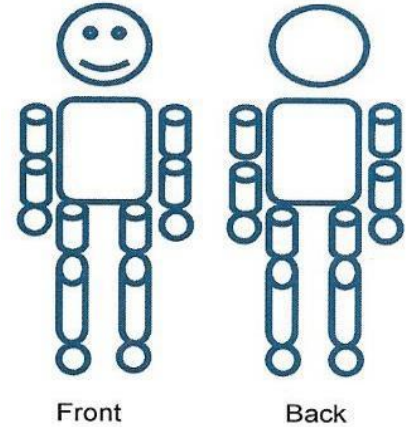
yellow

red

blue

Please cross!

Injury	<input type="checkbox"/> none	<input type="checkbox"/> Polytrauma	time critical			<input type="checkbox"/> yes	<input type="checkbox"/> no
	closed	open	light	medium	heavy		
Skull brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BWS / LWS / HWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pelvic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Upper extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lower extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Soft parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Inhalation trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="text"/>						
Burn / Scald		I° <input type="checkbox"/>	II° <input type="checkbox"/>	III° <input type="checkbox"/>	KOF% <input type="text"/>		
SHT-Grade		I° <input type="checkbox"/>	II° <input type="checkbox"/>	III° <input type="checkbox"/>			



Death Time of death Motorcycle: Incident-Report yes

Findings/Therapy no findings no therapie

Further transport by own car/Team car ambulance emergency 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

Competitiveness beyond the event yes no doubtful

If the participant is not eligible for competition, the license must be withdrawn yes no

Information to the Race Director that the license must be withdrawn yes no

Only Motorcycle Offroad Sport (please indicate, which Brace was worn)

no Brace Leatt Brace Ortema Neck-Brace soft Brace

other, please indicate 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 Time transfer to

ambulant treatment Leave hospital on own initiative

Findings ox examination confirmed initial suspicions yes no