



**EVENT INJURY REPORT**

Local/Name of Event/Location \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Membership #, if applicable \_\_\_\_\_

Parent's Name(s) if minor \_\_\_\_\_

Injury to (check all that apply)

Spectator \_\_\_\_\_ Rider \_\_\_\_\_ Passenger \_\_\_\_\_ Vendor \_\_\_\_\_ Other \_\_\_\_\_

Where on site did injury occur? \_\_\_\_\_

When and how did injury occur? \_\_\_\_\_

Type of injury \_\_\_\_\_

Check: \_\_\_\_\_ First Aid @ event \_\_\_\_\_ Refused First Aid @ event \_\_\_\_\_ Refused transport

Transported by ambulance company or other (provide name) \_\_\_\_\_

Transported to: \_\_\_\_\_

Witness Name	Address	Home & Work Phone
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Use additional sheet if necessary to fully describe any details

Submitted by \_\_\_\_\_

Name & full address \_\_\_\_\_

Local or District # \_\_\_\_\_

Home & Work Number \_\_\_\_\_

Return completed form to: FORR, Inc.  
Events Coordinator – Linda Hawkins  
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Calhoun, MO 65323-1305  
Email events@forr.net  
Phone 660-351-5607

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