



ACCIDENT STATISTIC FORM

To be completed by the CMO
to be sent to the FIM Medical Department at cmi@fim.ch

Name of event:

Date of event:

Name of CMO :

Day = D

Thursday = 0

Friday = 1

Saturday = 2

Sunday = 3

W = Weather

S = Sunny

R = Rain

C = Cloudy

A.S.= Accident Statistic

N = Rider OK

T = Treated & discharged

H=Transported to hospital

Ass.=Assessment

F= fit

U= unfit

R= to be reviewed

[illegible]