APPENDIX A

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**	**W**	**= Weather**	**A.S.= Accident Statistic**	**Ass.=Assessment**
Thursday	= 0	S	= Sunny	N =Rider OK	**F**= fit
Friday	= 1	R	= Rain	T =Treated & discharged	**U**= unfit
Saturday	= 2	C	= Cloudy	H =Transported to hospital	**R**= to be reviewed
Sunday	= 3				

Day	W	Time	Class	A.S.	NATURE INJURY	Ass.