

OBRA

OBRA MEDICAL OCCURRENCE FORM
ATTACH ORIGINAL RELEASE TO THIS FORM AND RETURN TO OBRA
P.O. BOX 16355 PORTLAND, OR 97292

Injured Party is: Rider _____ Official _____ Spectator _____ Volunteer _____ Other,(describe) _____

RACE NAME _____ PERMIT NO. _____

CITY/STATE _____

DATE OF RACE _____ TIME OF ACCIDENT _____ am pm

INJURED'S NAME (First, Middle and Last) _____

ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)

PHONE _____ (D) _____ (E) DATE OF BIRTH _____ SEX: Male Female

SOCIAL SECURITY NUMBER _____ OBRA NUMBER _____

PROMOTER'S NAME _____ CLUB _____

CONTACT PHONE NUMBER _____ (D) _____ (E)

NUMBER OF RIDERS IN CATEGORY OF INJURED PARTY _____

NO. OFFICIALS _____ NO. VOLUNTEERS _____

ACCIDENT OCCURRED BEFORE RACE _____ DURING EVENT _____ AFTER EVENT _____

TYPE OF EVENT (Criterium, Road Race, etc.) _____

HELD ON:

Public Roads (Open) _____ Public Roads (Closed) _____ Public Road (Rolling Enc) _____ OFF-Road _____ Private Road _____

WEATHER: Clear _____ Overcast _____ Rainy _____ Foggy _____ Temperature _____

ROAD CONDITIONS (at time of accident): Wet _____ Dry _____ Asphalt _____ Concrete _____ Dirt _____ No. of Lanes _____

WERE BARRIERS INVOLVED IN THE ACCIDENT: YES NO

If yes, describe barriers _____

WAS EQUIPMENT FAILURE A FACTOR: YES NO

WAS EQUIPMENT INSPECTED BY OFFICIALS? YES NO

DID THE ACCIDENT INVOLVE A COLLISION? YES NO

If yes, with what
(describe) _____

CIRCLE ALL THAT APPLY TO INJURIES

SIDE	HAND	FOOT	WRIST	ARM	LEG	SHOULDER	KNEE
STOMACH	RIBS	HEAD	CHEST	GROIN	FACE	HIP	NECK
EYE	SEVERE CUT	FRACTURE	BRUISES	CUTS	SCRATCHES	PARALYSIS	BROKEN NOSE
SPRAIN	STRAIN	FATALITY					

IF YOU CIRCLED FATALITY PLEASE CALL 503-667-6220 IMMEDIATELY AND REPORT THE ACCIDENT TO OBRA. NO EXCEPTIONS !