

**OBRA MEDICAL OCCURRENCE FORM**  
**ATTACH ORIGINAL RELEASE TO THIS FORM AND**  
**RETURN TO**



**OBRA**  
**320 SW Century Dr Ste 405-396**  
**Bend, OR 97702**

**Top portion to be filled out by CR**

Chief Ref: \_\_\_\_\_

Race Name \_\_\_\_\_

Date of Race \_\_\_\_\_ Time of Accident \_\_\_\_\_ am pm

Injured Party is:

Rider \_\_\_\_\_ Official \_\_\_\_\_ Spectator \_\_\_\_\_ Volunteer \_\_\_\_\_ Other, (describe) \_\_\_\_\_

Injured rider's full name \_\_\_\_\_

OBRA bib or license number \_\_\_\_\_ (if annual member)

Complete home address \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_ SEX: Male Female

If transported which hospital were they taken to? \_\_\_\_\_

Promoter's Name \_\_\_\_\_ Promoter's Phone \_\_\_\_\_

Accident occurred before race \_\_\_\_\_ during event \_\_\_\_\_ after event \_\_\_\_\_

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 \_\_\_\_\_

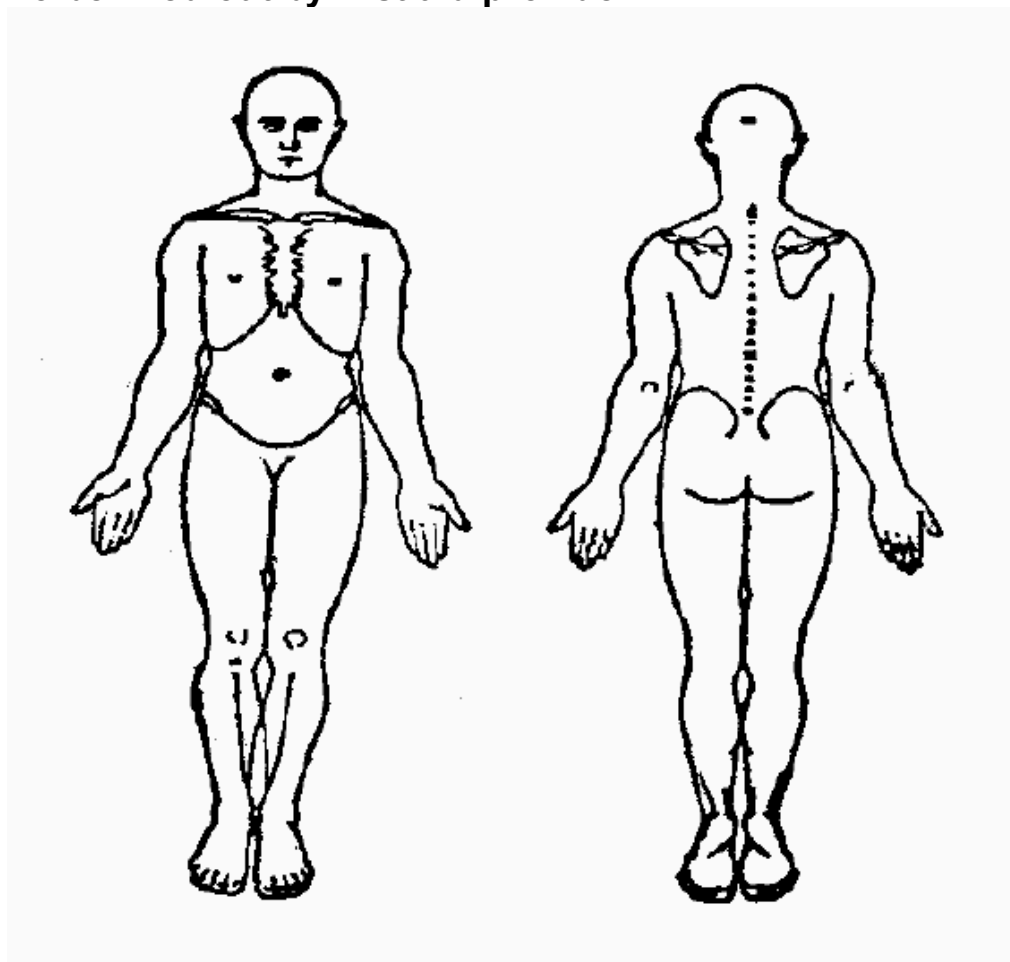
No. of Lanes \_\_\_\_\_

Were barriers involved in the accident: YES NO If yes describe barriers \_\_\_\_\_

Was equipment failure a factor: YES NO

Did the accident involve a collision? YES NO If yes, with what \_\_\_\_\_

**To be filled out by first aid provider**



Location and description of injuries

A= abrasions

C= contusions

F= fractures

T= tenderness

Description:

Provider Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Fatalities must be immediately reported to OBRA at 503-302-4935. No exceptions.