



THIS FORM MUST BE COMPLETED BY THE TRACK OFFICIAL!

MOTORSPORTS INCIDENT REPORTING FORM

IMPORTANT: Incidents or fatalities involving spectators, or transport of any person, should be reported immediately to Sports Insurance Specialists 1-855-969-0305

Please print clearly when completing the following report! Check or Circle the answers as required. Check more than one box, if appropriate. Do not guess - list only the FACTS!

OFFICIAL TRACK NAME: _____

LOCATION OF TRACK: _____

CONTACT Day Phone: (____) _____ (Address) CONTACT Night Phone: (____) _____ (City) _____ (State)

INCIDENT DATE: _____ TIME: _____ OAM OPM CATEGORY OF INJURY: No injury Injury Fatality

INJURED PERSON'S NAME: _____

ADDRESS: _____ (Last) _____ (First) _____ (Middle)

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____ SS#: _____ SEX: Male Female

INJURED PERSON STATUS: Driver Pit Crew Official Spectator CATEGORY OF INJURY: No injury Injury Fatality

IF INJURED PERSON IS A DRIVER, NUMBER OF YEARS OF EXPERIENCE: 0-1 yr. 2-3 yrs. 4-9 yrs. 10+

IF MARRIED, SPOUSE'S NAME: _____

OTHER INSURANCE: Yes No IF "YES," COMPANY NAME: _____

RACE CATEGORY: _____ RACE CLASS: _____

CHASSIS TYPE: _____ RACE LENGTH: _____

HOW MANY VEHICLES INVOLVED IN ACCIDENT: _____

SANCTIONING BODY: _____ MEMBERSHIP #: _____

DISPOSITION, IF INJURY or FATALITY: On-Site Care Only **OR**

Transported by Ambulance to: _____ (Name of Facility) _____ (City) _____ (State)

PERSON'S INJURED BODY PARTS (circle or check all applicable areas) No Injury
DESCRIPTION OF INJURY: Severe Cuts w/bleeding Fracture Concussion Burns Paralysis

Hand		Arm		Foot		Leg		Side		Shoulder		Eye		Hip		Back		Face		Neck		Stomach		Chest		Groin		Head			
L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R																

Less Serious Bruises Cuts Scratches Sprain/Strain

LOCATION OF INCIDENT: Pits First Turn Other Turn Straightaway Start/Finish Line
 Spectator Area Spectator Bleachers Parking Lot Restricted Area

ROLL CAGE: Full Partial Bolted/Gusseted WEATHER CONDITIONS: Clear Rain Cloudy

DID THE COMPETITION VEHICLE CONTINUE BACK TO THE PITS? Yes No HELMET TYPE: Full Face Open Face

DID HELMET REMAIN ON? Yes No CLOTHING: Fire Retardant Street Clothes

FOLLOWING THE INCIDENT, DID THE DRIVER APPEAR TO BE: Fully Conscious Conscious, but groggy Unconscious

DESCRIBE HOW THE ACCIDENT HAPPENED: (facts only - no sketch) _____

Signature of Track/Club Official

Date

SEND/FAX THIS COMPLETED FORM TO

Sports Insurance Specialists, LLC
14033 Illinois Rd., Suite A
Fort Wayne, IN 46814
E-Mail: info@sportsinsurancespecialists.com
Fax: 260-459-1630