



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 Jeff Ladd at 260-969-0305

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: \_\_\_\_\_ (Last) (First) (Middle)

ADDRESS: \_\_\_\_\_

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   |      |      |      |         |       |       |      |

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  
4115 Clubview Dr.  
Fort Wayne, IN 46804  
E-Mail: [info@sportsinsurancespecialists.com](mailto:info@sportsinsurancespecialists.com)  
Fax: 260-459-1630