



Incident Report Form

All areas must be filled out completely

Date: _____ Time: _____ Event: _____

Event Chairman: _____ Safety Steward: _____

Incident Report Number: _____

Location of Incident (check one)

- Pits
- Grid
- On Course Location _____
- Other _____

SECTION 1 INCIDENTS INVOLVING COMPETITION VEHICLES

Car# _____ Class _____ Make _____

Driver's Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) (____) (____) (____) (Eve) (____) (____) (____)

Response Time to Incident _____ Was Vehicle Completely Off Road Yes No

Type of Incident (check all that apply) On Shoulder In Ditch

Spin Slightly off Number of feet _____ Number of Tires _____

Over Embankment Number of feet _____ On Side Roll over

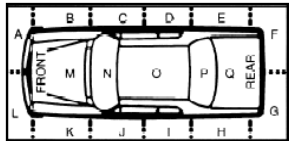
Other Obstacle: Side of Hill Fence Guard Rail Other _____

Was there Equipment Failure No Yes _____

If yes please indicate (tire, brake, throttle ect) & include tech sheet

Type of Damage to Vehicle

Description of damage



V. Undercarriage

T. Total

U. Unknown

Circle damage area, or shade in & included if 2 door

SAFETY EQUIPMENT

Standard Seatbelts (OEM) Airbags (if checked) Deployed Yes No

Racing Seat 5 point racing harness (racing seatbelts)

If checked was driver wearing correctly Yes No

SECTION 2 TYPE OF EQUIPMENT USED

- Tow Vehicle
- Fire Extinguisher
- Helicopter
- Wrecker
- Fire Truck
- Rescue Tools
- Ambulance
- Spill Kit

If Fire Truck was checked how was it used? Washed Down Vehicle Fire Other _____

Did Vehicle have to be towed to Pits? Yes No

SECTION 3 INJURY TO COMPETITION DRIVER

Treated by Medical Personal Yes No Return to Event? Yes No

Injuries: None Neck Back Arms Legs Other

Sight Scratches Laceration Break Burn Fatality Other

Sent to Hospital or Medical Facility Yes No (if yes please submit Release & Waiver)

If Driver Return to Event was: Checked by EMT's Refused Treatment

Special instructions from EMTS _____

SECTION 4. INCIDENTS INVOLVING (CHECK ONE)

Crew Official Worker Spectator Other _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) (____) (____) (____) (Eve.) (____) (____) (____)

Treated by Event Medical? Yes No Minor? Yes No

Injuries: Head Neck Arms Legs Other _____

Laceration Confusion Break Burn Slight Scratches Other _____

Sent to the Hospital? Yes No (if yes please submit Release & Wavier)

If Emergency Equipment was used please fill out Section 2

SECTION 5. PROPERTY DAMAGE

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) (____) (____) (____) (Eve.) (____) (____) (____)

Property Damage Description _____

All property damage has to be recorded, even if it's a guard rail or tree. If damage should be to another vehicle, fill out Section 7 on the back of form. If more room is need use back of form

SECTION 6. DISCRIBTION OF INCIDENT

Type of Incident (Check all that apply)

Vehicle to Vehicle Trip/Fall Hill Close for Competition

Vehicle to person Course Worker Injury Hill was open

Vehicle to Object Other _____

Course Conditions:

Dry Damp Other _____

Oil Gravel Wet _____

Object in roadway _____

Weather

Sunny Misty

Clear Raining

Overcast Foggy

Other _____

Continued on back

