



1712 Magnavox Way • P.O. Box 2338
 Fort Wayne, Indiana 46801-2338
 800-237-2917 • Fax (260) 459-5910

INCIDENT REPORT

MOTORSPORTS

VARIABLE COURSES

(Check and/or circle one per section, complete relevant blanks.)

INJURED: (Driver) (Pit Crew) (Official/Worker) (Spectator) (Other: _____)

Name: _____ Age: _____ Sex: (M) (F)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Years Experience, this Level: (1st) (1-3) (4-9) (10+)

SCCA Member? No Yes If Yes, SCCA member number: _____

TRACK NAME/LOCATION:

Name: _____

Location: _____

Region: _____

<p>INJURY:</p> <p>DATE OF INJURY: _____</p> <p>INJURED BODY PART: _____</p> <p>CONDITION: _____ <i>(Sprain, Fracture, Concussion, etc.)</i></p> <p>ESTIMATED ABSENCE FROM WORK: (none) (1-7 days) (1-3 weeks) (3+ weeks)</p> <p>DOES INJURED DRIVER HAVE OTHER INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No Company: _____</p>	<p>TIME:</p> <p><input type="checkbox"/> Morning</p> <p><input type="checkbox"/> Afternoon</p> <p><input type="checkbox"/> Evening</p> <p><input type="checkbox"/> Lights</p>	<p>DISPOSITION:</p> <p><input type="checkbox"/> On-Site Care Only</p> <p><input type="checkbox"/> Ambulance to: _____</p> <p>City: _____</p> <p><input type="checkbox"/> Fatality</p>
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<p>TYPE OF EVENT:</p> <p><input type="checkbox"/> ROAD RACE</p> <p><input type="checkbox"/> CLUB TRIALS/TRACK TRIALS</p> <p><input type="checkbox"/> DRIVERS SCHOOL</p>	<p>SANCTION # _____</p> <p><input type="checkbox"/> HILL CLIMB</p> <p><input type="checkbox"/> PDX</p> <p><input type="checkbox"/> RALLY CROSS</p>	<p><input type="checkbox"/> ROAD RALLY</p> <p><input type="checkbox"/> SOLO</p> <p><input type="checkbox"/> STREET SURVIVAL</p>	<p><input type="checkbox"/> TNiA</p> <p><input type="checkbox"/> OTHER: _____</p>
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<p>OCCASION:</p> <p><input type="checkbox"/> PRE-RACE</p> <p><input type="checkbox"/> PRACTICE</p> <p><input type="checkbox"/> TIME-TRIALS</p> <p><input type="checkbox"/> QUALIFYING</p> <p><input type="checkbox"/> DURING RACE: (Start) (Early) (Mid) (Late) (Finish)</p> <p><input type="checkbox"/> BETWEEN RACES/COMPETITION</p> <p><input type="checkbox"/> AFTER RACES/COMPETITION</p> <p><input type="checkbox"/> OTHER: _____</p>	<p>LOCATION:</p> <p><input type="checkbox"/> GARAGE</p> <p><input type="checkbox"/> PADDOCK</p> <p><input type="checkbox"/> GRID</p> <p><input type="checkbox"/> PIT LANE</p> <p><input type="checkbox"/> TURN # _____</p> <p><input type="checkbox"/> STRAIGHTAWAY</p> <p><input type="checkbox"/> FLAG STATION # _____</p> <p><input type="checkbox"/> GRANDSTAND (Seats) (Steps)</p> <p>Row #: (Low) (Mid) (Upper)</p> <p><input type="checkbox"/> OTHER: _____</p>	<p>ACTIVITY:</p> <p><input type="checkbox"/> PASSING:</p> <p><input type="checkbox"/> BEING PASSED</p> <p><input type="checkbox"/> SUDDEN MECHANICAL FAILURE</p> <p><input type="checkbox"/> NORMAL RACING</p> <p><input type="checkbox"/> MAINTENANCE (Fuel) (Tires) (Mechanical)</p> <p><input type="checkbox"/> LOADING/UNLOADING</p> <p><input type="checkbox"/> HORSEPLAY</p> <p><input type="checkbox"/> OTHER: _____</p>
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<p>SITUATION:</p> <p>IF MECHANICAL FAILURE, DESCRIBE: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>SURFACE:</p> <p><input type="checkbox"/> ASPHALT</p> <p><input type="checkbox"/> DIRT</p> <p><input type="checkbox"/> MUD</p> <p><input type="checkbox"/> ICE</p> <p><input type="checkbox"/> CONCRETE</p> <p><input type="checkbox"/> OTHER: _____</p>	<p>CONDITION:</p> <p><input type="checkbox"/> NORMAL</p> <p><input type="checkbox"/> WET</p> <p><input type="checkbox"/> SNOW/ICE</p> <p><input type="checkbox"/> IRREGULAR</p> <p><input type="checkbox"/> OILY</p> <p><input type="checkbox"/> OTHER: _____</p>	<p>VEHICLE INFORMATION:</p> <p>CLASS: _____</p> <p>_____</p> <p>CAR NUMBER: _____</p> <p>CAR COLOR: _____</p> <p>_____</p>
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<p>IF NON-MECHANICAL:</p> <p><input type="checkbox"/> COLLIDED W/ _____</p> <p>_____</p> <p><input type="checkbox"/> HIT BY _____</p> <p>_____</p> <p><input type="checkbox"/> FALL (Slip) (Trip) (Pushed)</p> <p><input type="checkbox"/> OTHER: _____</p>	<p>DESCRIBE HOW ACCIDENT HAPPENED AND LIST ANY PROPERTY DAMAGED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Attach witness statements if available)</p>	
<p>Completed by: _____</p>		<p>SCCA Member Number: _____</p> <p>Phone: _____</p>



INCIDENT REPORT FORM INSTRUCTIONS

1. Complete the SCCA Incident Report Form for the following types of incidents:
 - a. Actual or Potential Bodily Injury
 - i. Any injured or potentially injured person should be given an **Accident Medical Insurance Claim Form**.
 - a. Property Damage
 - i. Property damage to venue/track/property (ex. tow vehicle into a building or a spectator vehicle, Armco, Light Pole Damage, Official Vehicle Damage).
2. Complete all applicable Sections on the Incident Report Form.
 - a. Any relevant incident information not covered by one of the checkboxes should be included in the field labeled "**Describe How Accident Happened and List Any Property Damaged**". Attach additional pages, if necessary.
 - b. If any section does not apply or you are unsure of the answer/situation, then leave that section blank.
3. If a Release & Waiver was signed at the event, please include a copy signed by injured party(s), otherwise it is assumed an Annual Waiver is on file at the SCCA National Office.
4. Return form and attachments to the event Safety Steward for review. Safety Steward or the sanctioned event representative must email (fax or mail) all Incident Report Forms, Releases and Waivers immediately following the event to both K&K and SCCA.

ATTN: SCCA CLAIMS

- K&K Insurance KK.claims@kandkinsurance.com
or mail: K&K Insurance P.O. Box 2338 Fort Wayne IN 46801-2338 or fax: (260) 459-5910
K&K Claims Phone #: (800) 237-2917
 - SCCA National Office Incident@scca.com
5. For any spectator injury, fatality or serious participant injury, obtain witness contact information.
 6. In the event of a **SERIOUS BODILY INJURY**, call the **SCCA Critical Incident Hotline at 785-862-7112** and follow the instructions.

NEVER Admit Liability or Responsibility for ANY Occurrence.