



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/INVOLVED: (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: _____

INJURY: None apparent **TIME:** _____ (AM) (PM) **DISPOSITION:**

DATE OF INCIDENT: _____ Morning No Care Given

INJURED BODY PART: _____ Afternoon On-Site Care Only

CONDITION: _____ Evening Ambulance to: _____

(Sprain, Fracture, Concussion, etc.) Lights _____

ESTIMATED ABSENCE FROM WORK: (none) (1-7 days) (1-3 weeks) (3+ weeks) City: _____

DOES INJURED DRIVER HAVE OTHER INSURANCE? Yes No Company: _____ Fatality

TYPE OF EVENT: **SANCTION #** _____

ROAD RACE HILL CLIMB ROAD RALLY OTHER: _____

DRIVERS SCHOOL TRACK EVENT/TNIA SOLO _____

TIME TRIALS/TRACK SPRINT RALLY CROSS STREET SURVIVAL _____

OCCASION:

PRE-RACE

PRACTICE

TIME-TRIALS

QUALIFYING

DURING RACE: (Start) (Early) (Mid) (Late) (Finish)

BETWEEN RACES/COMPETITION

AFTER RACES/COMPETITION

OTHER: _____

LAPPING (NON-COMPETITION)

LOCATION:

GARAGE

PADDOCK

GRID

PIT LANE

TURN # _____

STRAIGHTAWAY

FLAG STATION # _____

GRANDSTAND (Seats) (Steps)

Row #: (Low) (Mid) (Upper)

OTHER: _____

ACTIVITY:

PASSING:

BEING PASSED

SUDDEN MECHANICAL FAILURE

NORMAL RACING

MAINTENANCE (Fuel) (Tires) (Mechanical)

LOADING/UNLOADING

HORSEPLAY

OTHER: _____

SITUATION:

IF MECHANICAL FAILURE, DESCRIBE: _____

SURFACE:

ASPHALT

DIRT

MUD

ICE

CONCRETE

OTHER: _____

CONDITION:

NORMAL

WET

SNOW/ICE

IRREGULAR

OILY

OTHER: _____

VEHICLE INFORMATION:

CLASS/GROUP: _____

CAR NUMBER: _____

CAR COLOR/TYPE: _____

IF NON-MECHANICAL:

COLLIDED W/ _____

HIT BY _____

FALL (Slip) (Trip) (Pushed)

OTHER: _____

DESCRIBE HOW ACCIDENT HAPPENED AND LIST ANY PROPERTY DAMAGED:

(Attach witness statements if available)

(please print) SCCA Member Number: _____

Completed by: _____ Phone: _____

RETURN TO K&K, P.O. BOX 2338, FORT WAYNE, IN 46801-2338.

TO BE COMPLETED BY SCCA OFFICIAL

Incident Report Page ____ of ____

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