

MOTORSPORTS INCIDENT REPORT

1. Name of Track: _____

Date of Incident: _____ Time of Incident: _____ AM PM Was injury sustained? Yes No

INJURED PERSON: Driver Pit Crew Official Spectator Other: _____

(Last Name) _____ (First Name) _____ (M.I.) _____

Address: _____
(Street) _____ (City) _____ (State) _____ (Zip) _____

D/O/B: _____ Sex: Male Female Soc. Sec. No. : _____

Sanctioning Body : _____ Membership # : _____

If Injured Person is a driver, number of years experience: 1 yr 2-3 yrs 4-9 yrs 10+ yrs

Does Injured Person have other insurance? No Yes Company name: _____

2. What part(s) of the body was injured?

Hand L R Arm L R Foot L R Side R R Shoulder L R Hip L R Back L R Neck L R Chest L R Head L R Eye L R

severe cut/bleeding broken bones burns less serious/bruises

Disposition: On-site care only Ambulance-to what facility: _____

Fatality Other: _____

3. Location of accident: Track Pits Stands Restricted area
 Parking Lot Other: _____

Event name: _____

Roll cage: Full Partial Bolted/Gusseted

Helmet type: Full face Open face Other: _____

Clothing: Fire retardent Street clothes Other _____

Weather: Clear Cloudy Rain

4. Description of Incident: _____

Witness: _____ Daytime phone no.: _____

Witness: _____ Daytime phone no.: _____

5. Track Official who prepared report: _____ Date: _____
(Print name)

Signature _____ Phone: _____

Send completed form to:



COLLECTOR CAR INSURANCE

PO Box 609 Burns TN 37029
Ph: 800-274-1804 Fax: 615-740-9087
email: bmadden@heacockclassic.com
24 Hour Emergency: 800-245-2744