

MOTORSPORTS INCIDENT REPORT

Insured Information

Insured _____

Address _____

Contact Person _____

Phone _____

Incident Information

Date & time of incident _____

During Practice or Race (Circle One) Sanction for Event _____

How did incident happen _____

Witnesses Name _____

Address/Phone _____

Location(Circle One) Track Pits Grandstands Bleachers Infield Parking Area

Other explain _____

Injured Party

Name _____

Address _____

Phone _____

Date of Birth(age) _____

Name of Parent, if Minor _____

Nature of Injury _____

Type of treatment given on site _____

Was ambulance transport required? () yes () no

If yes, hospital transported to _____

Was further treatment recommended? () yes () no

Did party sign waiver () yes () no If yes attach copy.

Any photos of area/accident () yes () no Any video () yes () no

Send all information immediately after incident to: Naughton Insurance Inc.

P.O. Box 6192, Providence, RI 02940.

(401)433-4000 Fax (401)433-5460

Date _____ Signature _____ Position _____