

****Complete a separate incident report form for each additional party involved in the incident and assign the same incident number to each.** Incident # _____

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



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

INCIDENT REPORT MOTORSPORTS VARIABLE COURSES

INJURED/INVOLVED: (Driver) (Pit Crew) (Official/Worker) (Spectator) (Other: _____)
Name: _____ Date of birth: _____ 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: _____

DATE OF INCIDENT: _____

INJURY: ☐ None apparent

INJURED BODY PART: _____

CONDITION: _____

(Sprain, Fracture, Concussion, etc.)

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

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

TIME: _____ (AM) (PM)

☐ Morning

☐ Afternoon

☐ Evening

☐ Lights

DISPOSITION:

☐ No Care Given

☐ On-Site Care Only

☐ Ambulance to: _____

City: _____

☐ 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

☐ LAPPING

☐ OTHER: _____

SITUATION:

IF MECHANICAL FAILURE, DESCRIBE: _____

IF NON-MECHANICAL:

☐ COLLIDED W/ _____

☐ HIT BY _____

☐ FALL (Slip) (Trip) (Pushed)

☐ OTHER: _____

SURFACE:

☐ ASPHALT

☐ DIRT

☐ MUD

☐ ICE

☐ CONCRETE

☐ OTHER: _____

CONDITION:

☐ NORMAL

☐ WET

☐ SNOW/ICE

☐ IRREGULAR

☐ OILY

☐ OTHER: _____

VEHICLE INFORMATION:

CLASS/GROUP: _____

CAR NUMBER: _____

CAR COLOR/MAKE/MODEL: _____

DESCRIBE HOW ACCIDENT HAPPENED AND LIST ANY PROPERTY DAMAGED:

(Attach witness statements if available)

(please print)

SCCA Member Number: _____

Completed by: _____ Phone: _____

TO BE COMPLETED BY SCCA OFFICIAL

RETURN TO: KK.claims@kandkinsurance.com AND Incident@scca.com



INCIDENT REPORT FORM INSTRUCTIONS

1. Complete the SCCA Incident Report Form for the following types of incidents that take place at the event:
 - a. Actual or Potential Bodily Injury
 - i. Any injured or potentially injured person should be given an **Accident Medical Insurance Claim Form**.
 - ii. **Any on course incident having reasonable potential for injury should be reported, regardless of outcome. Examples include but are not limited to rollovers, impacts, fires and significant mechanical failures.**
 - b. 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).
 - ii. **Property damage claims should be routed through SCCA National. Send the completed Incident Report, supporting documents (photos of damage, repair estimates, etc.), and remittance information (Region or Track) to incident@scca.com. SCCA National will submit claim to K&K Insurance.**
2. Complete all applicable Sections on the **Incident Report Form**.
 - a. Any relevant incident information not covered by one of the check boxes 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 (or mail) all Incident Report Forms, Releases and Waivers immediately following the event to both K&K and SCCA.

E-Mail: **ATTN: SCCA CLAIMS** (*e-mail transmission preferred*)
 • **SCCA National Office** Incident@scca.com
 • **K&K Insurance** KK.claims@kandkinsurance.com

or Mail: K&K Insurance P.O. Box 2338 Fort Wayne IN 46801-2338 **AND**
 SCCA National, ATTN: Sanction, 6620 SE Dwight St., Topeka, KS 66619

or Fax: K&K Claims (260) 459-5910 K&K Claims Phone #: (800) 237-2917 **AND**
 SCCA National fax# 785-232-7213, ATTN: Sanction

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