

# 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 \_\_\_\_\_