

ACCIDENT REPORT

Motorsports Drags & Straight Tracks

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

INJURED: (Driver) (Pit Crew) (Official) (Spectator) (Other _____)						
Name: _____		Age: _____		Sex: (M) (F)		
Address: _____						
City: _____	Prov. _____	PC _____	Phone: (_____) _____			
Years Experience: (1 st) (1-3) (4-9) (10+)						
TRACK NAME/LOCATION: _____					(Indoor)	(Outdoor)
Policy #: _____		Sanctioned by: _____				
Race: _____	Track Length: _____					

INJURY:	TIME	DISPOSITION
DATE OF INJURY: _____	<input type="checkbox"/> Morning	<input type="checkbox"/> On-Site Care Only
INJURED BODY PART: _____	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Ambulance to: _____
CONDITION: _____ (Sprain, Fracture, Concussion, etc.)	<input type="checkbox"/> Evening	City _____
	<input type="checkbox"/> Lights	
ESTIMATED ABSENCE FROM WORK: (1-7 days) (1-3 weeks) (3+ weeks)		<input type="checkbox"/> Fatality
DOES INJURED DRIVER HAVE OTHER INSURANCE? (Y) (N) Company: _____		

TYPE:	
<input type="checkbox"/> PROFESSIONAL: (Top Fuel) (Funny Car) (Pro Stock)	<input type="checkbox"/> MOTORCYCLE: (Class)
<input type="checkbox"/> SPORTSMAN ALCOHOL (Dragster) (Funny Car) (Other)	<input type="checkbox"/> TRUCK PULL (Monster) (Pick-Up)
<input type="checkbox"/> ELIMINATOR (Competition) (Superstock) (Stock)	<input type="checkbox"/> TRACTOR PULL (Modified)
<input type="checkbox"/> BRACKET CAR	<input type="checkbox"/> VINTAGE
<input type="checkbox"/> MUD-BOGGER	<input type="checkbox"/> OTHER

OCCASION:	LOCATION:	ACTIVITY:
<input type="checkbox"/> PRE-RACE	<input type="checkbox"/> LOADING AREA	<input type="checkbox"/> NORMAL RACING
<input type="checkbox"/> PRELIMINARY RUN	<input type="checkbox"/> PITS	<input type="checkbox"/> SUDDEN MECH. FAILURE
<input type="checkbox"/> ELIMINATION RUN	<input type="checkbox"/> STAGING AREA	<input type="checkbox"/> FUELING
<input type="checkbox"/> QUALIFYING RUN	<input type="checkbox"/> BURNOUT AREA	<input type="checkbox"/> MECHANICAL REPAIR
<input type="checkbox"/> DURING RACE: (Start, Mild) Shutdown	<input type="checkbox"/> COMPETITION AREA: (1 st Hall) (2 nd Hall)	<input type="checkbox"/> LOADING
<input type="checkbox"/> BETWEEN RACES	<input type="checkbox"/> SHUTDOWN	<input type="checkbox"/> UNLOADING
<input type="checkbox"/> AFTER RACES	<input type="checkbox"/> RETURN ROAD	<input type="checkbox"/> CROSSING TRACK
	<input type="checkbox"/> FENCE: (CC) (Debris)	<input type="checkbox"/> HORSEPLAY
	<input type="checkbox"/> GRANDSTAND: (Seats) (Steps) (Row #: (Low) (Mid) (Other))	<input type="checkbox"/> OTHER
	<input type="checkbox"/> OTHER	

SITUATION:	SURFACE:	CONDITION:	SPECIAL CIRCUMSTANCES:
IF MECHANICAL FAILURE:	<input type="checkbox"/> ASPHALT	<input type="checkbox"/> NORMAL	<input type="checkbox"/> VEHICLE PROBLEM
<input type="checkbox"/> LOST FRONT WHEEL (L) (R)	<input type="checkbox"/> DIRT	<input type="checkbox"/> WET	<input type="checkbox"/> FACILITY PROBLEM: (No Barrier) (Sharp Edge) Other:
<input type="checkbox"/> LOST REAR WHEEL (L) (R)	<input type="checkbox"/> MUD	<input type="checkbox"/> SNOW/ICE	
<input type="checkbox"/> CUT TIRE	<input type="checkbox"/> ICE	<input type="checkbox"/> IRREGULAR	<input type="checkbox"/> OTHER: (Unauthorized Presence) (Intoxication (Poor Judgement) (Poor Skill) Other:
<input type="checkbox"/> BLOWER LIFTED	<input type="checkbox"/> SAND	<input type="checkbox"/> OILY	
<input type="checkbox"/> BLOWN ENGINE	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> OTHER	
<input type="checkbox"/> STUCK THROTTLE	<input type="checkbox"/> OTHER		
<input type="checkbox"/> TRANSMISSION FAILURE	DESCRIBE HOW ACCIDENT HAPPENED:		
<input type="checkbox"/> OTHER:			
IF NON-MECHANICAL:	(over for witness information)		
<input type="checkbox"/> COLLIDED W/ _____			
<input type="checkbox"/> HIT BY _____			
<input type="checkbox"/> FALL (Slip) (Trip) (Pushed)			
<input type="checkbox"/> Other:	(Print)	(Title)	
	Completed by:	Phone:	

COMPLETE AND RETURN TO JONES BROWN INC.