

SCCA[®] Incident Report Form

Sports Car Club of America

MAIL TO: SCCA RISK MANAGEMENT PHONE: (800) 770-2055
 P.O. BOX 19400 FAX: (785) 233-7223
 TOPEKA, KS 66619-0400 EMERGENCY PAGER: (800) 770-9994

All areas must be filled out completely

Date of Incident _____ Time _____

Region _____ Sanction# _____

Site/Track Name _____

Location of Incident (check one):

Track Paddock Pits Grid Stands Other _____

Type of Event (check one): Solo Trials Solo Road Rally Circuit Rally

RallyCross Drivers School Regional National

PDX Track Trials Club Trials Hill Climb Other _____

SECTION 1. INCIDENTS INVOLVING COMPETITION VEHICLES

ANNUAL WAIVER: _____

First Car

Car # _____ Class _____ Make _____

Driver Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) (_____) _____ (Eve) (_____) _____

Treated by Event Medical? Yes No Returned to Event? Yes No

Injuries: Head Neck Back Arms Legs Other _____

Laceration Contusion Break Burn Amputation Fatality Other _____

Sent to Hospital? Yes No (If yes, please submit Release & Waiver with this report.)

Second Car

ANNUAL WAIVER: _____

Car # _____ Class _____ Make _____

Driver Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) (_____) _____ (Eve) (_____) _____

Treated by Event Medical? Yes No Returned to Event? Yes No

Injuries: Head Neck Back Arms Legs Other _____

Laceration Contusion Break Burn Amputation Fatality Other _____

Sent to Hospital? Yes No (If yes, please submit Release & Waiver with this report.)

SECTION 2. INCIDENTS INVOLVING (CHECK ONE):

ANNUAL WAIVER: _____

Crew Official Spectator Passenger Worker Other _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) (_____) _____ (Eve) (_____) _____

Treated by Event Medical? Yes No Minor? Yes No

Injuries: Head Neck Back Arms Legs Other _____

Laceration Contusion Break Burn Amputation Fatality Other _____

Sent to Hospital? Yes No (If yes, please submit Release & Waiver with this report.)

SECTION 3. PROPERTY DAMAGE

Driver Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) (_____) _____ (Eve) (_____) _____

Property Description _____

Damage and Disposition _____

SECTION 4. DESCRIPTION OF INCIDENT

Type of Incident: (Check all that apply)

Vehicle to Vehicle Trip/Fall

Vehicle to Object Course Worker Injury

Vehicle to Person Mechanical Failure

Spin Pushing/Loading Vehicle

Roll Other _____

Specifications:

On Course

Turn # _____

OR

Flag Station # _____

Green Card Issued: Yes No

Details of Incident: (Use additional sheet of paper if necessary)

Course Conditions:

Dry Wet Muddy

Oil Gravel

Other _____

Course Situation:

Green Flag Yellow (Stationary)

Yellow/White Yellow (Waving)

Oil Other _____

Emergency Equipment Used? Yes No (If yes, check all that apply.)

Ambulance

Helicopter

Fire Bottle

Rescue Tools

Wrecker

Tow Vehicle

Fire Truck

Back-up Ambulance

SECTION 5. OBSERVED/SUBMITTED BY:

Observed by _____ Status _____

Submitted by _____ Safety Steward? Yes No

Address _____

City _____ State _____ Zip _____

Telephone (Day) (_____) _____ (Eve) (_____) _____