

INCIDENT REPORT

COMPLETE ALL SECTIONS

Sign, Date and Send Direct to Safehold via email: MSClaims@safehold.com

Or Fax: 610-362-8873

PROMOTER			
TRACK			
SANCTIONING BODY / PROMOTER	NHRA <input type="checkbox"/>	TRACK PROMOTED <input type="checkbox"/>	WDRA <input type="checkbox"/> IMCA <input type="checkbox"/> IHRA <input type="checkbox"/> OTHER <input type="checkbox"/> _____
EVENT TYPE	DRAG <input type="checkbox"/>	OVAL <input type="checkbox"/>	ROAD COURSE <input type="checkbox"/> OTHER <input type="checkbox"/> _____
INCIDENT DATE	DATE _____	TIME _____	AM <input type="checkbox"/> PM <input type="checkbox"/>
INJURED PERSON	DRIVER/RIDER <input type="checkbox"/>	OFFICIAL <input type="checkbox"/>	CREW MEMBER <input type="checkbox"/> SPECTATOR <input type="checkbox"/> OTHER <input type="checkbox"/>
NATURE	BODILY INJURY <input type="checkbox"/>	PROPERTY DAMAGE <input type="checkbox"/>	OTHER <input type="checkbox"/>
WAIVER SIGNED	YES <input type="checkbox"/> NO <input type="checkbox"/>		
LOCATION OF ACCIDENT	GRAND STANDS <input type="checkbox"/>	PIT AREA <input type="checkbox"/>	ON TRACK <input type="checkbox"/>
	STAGING AREA <input type="checkbox"/>	RETURN AREA <input type="checkbox"/>	OTHER <input type="checkbox"/>
NAME OF INJURED PERSON OR PROPERTY OWNER	NAME _____ ADDRESS _____ CITY _____ STATE / ZIP _____ DAYTIME PHONE _____ CELL PHONE _____ AGE _____ DOB _____ MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
VEHICLE	YR _____	MAKE _____	MODEL _____
INCIDENT DESCRIPTION (DESCRIBE WHAT HAPPENED)	_____ _____ _____ _____		
DESCRIPTION OF INJURY	_____ _____ _____		
HOSPITAL	TRANSPORTED TO HOSPITAL YES <input type="checkbox"/> NO <input type="checkbox"/> ADMITTED TO HOSPITAL YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> HOSPITAL NAME _____ TRANSPORTING AMBULANCE SERVICE _____ ADDRESS, CITY, STATE _____		
WITNESSES	<u>Witness 1</u>		<u>Witness 2</u>
NAME	_____		_____
ADDRESS	_____		_____
PHONE	_____		_____
REPORTED BY	NAME _____		TITLE _____
	ADDRESS, CITY, STATE, ZIP _____		

SIGNATURE _____ DATE _____