



FACILITY & EVENT INCIDENT REPORT

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

INJURED: Driver: Pit Crew: Official: Spectator: Other: _____

Name: _____ Date of Birth: _____ Sex: Male: Female:

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

TRACK NAME/LOCATION: _____

Indoor: Outdoor:

Policy #: _____ Sanctioned by: _____

INJURY:	TIME:	DISPOSITION:
DATE OF INJURY: _____	Morning: <input type="checkbox"/>	On-Site Care Only: <input type="checkbox"/>
INJURED BODY PART: _____	Afternoon: <input type="checkbox"/>	Ambulance to: <input type="checkbox"/>
CONDITION: _____ (Sprain, Fracture, Concussion, etc.)	Evening: <input type="checkbox"/>	City: _____
	Lights: <input type="checkbox"/>	
Fatality: <input type="checkbox"/>		
DOES INJURED DRIVER HAVE OTHER INSURANCE?: <input type="checkbox"/> (Y) <input type="checkbox"/> (N)		
Company: _____		
TYPE:		
<input type="checkbox"/> STOCK CAR	<input type="checkbox"/> SPRINT CAR - MIDGETS	
<input type="checkbox"/> VINTAGE	<input type="checkbox"/> MOTOCROSS	
<input type="checkbox"/> OFF ROAD	<input type="checkbox"/> GO-KART (Sprint) (Enduro)	
<input type="checkbox"/> FORMULA	<input type="checkbox"/> SPORT CAR	
<input type="checkbox"/> MOTORCYCLE (CLASS)	<input type="checkbox"/> OTHER: _____	

WSIB Motorsports Insurance, 950 W Monroe St. Suite G200, Jackson, MI 49202
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OCCASION	LOCATION:		ACTIVITY
<input type="checkbox"/> PRE-RACE	<input type="checkbox"/> LOADING AREA (Garage)		<input type="checkbox"/> PASSING
<input type="checkbox"/> PRACTICE	<input type="checkbox"/> PITS <input type="checkbox"/> (Infield) <input type="checkbox"/> (Outside)		<input type="checkbox"/> BEING PASSED
<input type="checkbox"/> TIME TRIALS	<input type="checkbox"/> PIT ENTRANCE <input type="checkbox"/> (Infield) <input type="checkbox"/> (Outside)		<input type="checkbox"/> SUDDEN MECH FAILURE
<input type="checkbox"/> HEAT	<input type="checkbox"/> TURN #: _____		<input type="checkbox"/> NORMAL RACING
<input type="checkbox"/> PIT STOP	<input type="checkbox"/> STRAIGHTAWAY		<input type="checkbox"/> MAINTENANCE <input type="checkbox"/> (Fuel) <input type="checkbox"/> (Tires) <input type="checkbox"/> (Mechanical)
<input type="checkbox"/> YELLOW FLAG	<input type="checkbox"/> FENCE <input type="checkbox"/> (CC) <input type="checkbox"/> (Wheel)		<input type="checkbox"/> LOADING & UNLOADING
<input type="checkbox"/> DURING RACE: <input type="checkbox"/> (Start) <input type="checkbox"/> (Early) <input type="checkbox"/> (Mid) <input type="checkbox"/> (Late) <input type="checkbox"/> (Finish)	<input checked="" type="checkbox"/> GRANDSTAND: <input type="checkbox"/> (Seats) <input type="checkbox"/> (Steps) Row # <input type="checkbox"/> (Low) <input type="checkbox"/> (Mid) <input type="checkbox"/> (Other)		<input type="checkbox"/> HORSEPLAY
<input type="checkbox"/> BETWEEN RACES			
<input type="checkbox"/> AFTER RACES	<input type="checkbox"/> OTHER: _____		<input type="checkbox"/> OTHER: _____
MECHANICAL FAILURE:	<input type="checkbox"/> PAVED	<input type="checkbox"/> NORMAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> LOST FRONT WHEEL <input type="checkbox"/> (L) <input type="checkbox"/> (R)	<input type="checkbox"/> DIRT	<input type="checkbox"/> WET	*If yes, use reverse side of this form to record name, phone and address
<input type="checkbox"/> LOST REAR WHEEL <input type="checkbox"/> (L) <input type="checkbox"/> (R)	<input type="checkbox"/> MUD	<input type="checkbox"/> SNOW/ICE	
<input type="checkbox"/> CUT TIRE	<input type="checkbox"/> ICE	<input type="checkbox"/> OILY	
<input type="checkbox"/> BLOWN ENGINE	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:	

