



# Incident Report

All areas must be filled out completely using block letters

Organizing Club: \_\_\_\_\_ Insurance Certificate #: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  
 Territory / Region: \_\_\_\_\_ Location: \_\_\_\_\_

Location of Incident (check one):  Track  Paddock  Pits  Grid  Stands  Other

Type of Event (check one):

<b>Circuit (cars)</b>	<input type="checkbox"/> Race	<input type="checkbox"/> Practice / testing	<input type="checkbox"/> School
<b>Ice Race (cars)</b>	<input type="checkbox"/> No passengers	<input type="checkbox"/> With passengers	
<b>Rally</b>	<input type="checkbox"/> Performance/National	<input type="checkbox"/> Performance/Regional	<input type="checkbox"/> Performance/One Road <input type="checkbox"/> Performance School
	<input type="checkbox"/> Rally Sprint	<input type="checkbox"/> Rally Cross	<input type="checkbox"/> Navigational Rally <input type="checkbox"/> Rally School
<b>Solo</b>	<input type="checkbox"/> AutoSlalom Event	<input type="checkbox"/> AutoSlalom School	<input type="checkbox"/> Time Attack Event <input type="checkbox"/> Lapping/ School
<b>Karting</b>	<input type="checkbox"/> Race	<input type="checkbox"/> Practice	<input type="checkbox"/> Test / Tune <input type="checkbox"/> School

**SECTION 1 - Incidents involving competition vehicles (provide separate list if necessary):**

<b>First Car:</b>	Car #:	Class:	Make:
Driver Name:	sfs		
Address:			
City:	Province:	Postal Code:	
Phone (day):	( )	Phone (evening):	( )
Injuries	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Other: <input type="checkbox"/> Laceration <input type="checkbox"/> Contusion <input type="checkbox"/> Break <input type="checkbox"/> Burn <input type="checkbox"/> Fatality <input type="checkbox"/> Other:		
Sent to Hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(IF YES, ATTACH ORIGINAL RELEASE &amp; WAIVER WITH THIS REPORT)</b>		

<b>Second Car:</b>	Car #:	Class:	Make:
Driver Name:			
Address:			
City:	Province:	Postal Code:	
Phone (day):	( )	Phone (evening):	( )
Injuries	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Other: <input type="checkbox"/> Laceration <input type="checkbox"/> Contusion <input type="checkbox"/> Break <input type="checkbox"/> Burn <input type="checkbox"/> Fatality <input type="checkbox"/> Other:		
Sent to Hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach Release & Waiver with this report)		

**SECTION 2 - Incidents involving (check one, or provide separate list if necessary):**

Crew  Official  Spectator  Passenger  Worker  Other: \_\_\_\_\_

Name:			
Address:			
City:	Province:	Postal Code:	
Phone (day):	( )	Phone (evening):	( )
Treated by event Medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Returned to Event?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Injuries	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Other: <input type="checkbox"/> Laceration <input type="checkbox"/> Contusion <input type="checkbox"/> Break <input type="checkbox"/> Burn <input type="checkbox"/> Fatality <input type="checkbox"/> Other:		
Sent to Hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(if yes, please attach original Release &amp; Waiver with this report)</b>		

## SECTION 3 – Property Damage

Owners Name:			
Address:			
City:		Province:	Postal Code:
Phone (day):	( )	Phone (evening):	( )
Property Description:			
Damage & Disposition:			

## SECTION 4 – Description of Incident

**Type of Incident Check all that apply**

<input type="checkbox"/> Vehicle to Vehicle	<input type="checkbox"/> Vehicle to Object	<input type="checkbox"/> Vehicle to Person
<input type="checkbox"/> Spin	<input type="checkbox"/> Roll	<input type="checkbox"/> Trip / Fall
<input type="checkbox"/> Course worker injury	<input type="checkbox"/> Mechanical Failure	<input type="checkbox"/> Pushing / Loading Vehicle
<input type="checkbox"/> Other		

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

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<b>Course Conditions:</b>	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Muddy
	<input type="checkbox"/> Gravel	<input type="checkbox"/> Ice or Snow	
	<input type="checkbox"/> Other:		
<b>Course Situation:</b>	<input type="checkbox"/> Green Flag	<input type="checkbox"/> Yellow / White	<input type="checkbox"/> Debris/Oil
	<input type="checkbox"/> Yellow (stationary)	<input type="checkbox"/> Yellow (waving):	<input type="checkbox"/> Red:
	<input type="checkbox"/> Other:		
<b>Emergency Equipment Used:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes check all that apply)		
	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Rescue Tools	<input type="checkbox"/> Fire Truck
	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Tow Truck	<input type="checkbox"/> Fire Extinguisher

## SECTION 5 – Report Submission:

Report Submitted by:			
Position at Event:			
Address:			
City:		Province:	Postal Code:
Phone (day):	( )	Phone (evening):	( )
Signature:			
Date:	Day:	Month:	Year

**In the event of serious injury, Death or Dismemberment to anyone call 1-888-379-6821**

**Email or Fax report immediately to ASN Canada FIA, and to your Territory  
insurance@asnCanada.com 905-815-8771**

**Mail the original of this report with the original waiver, signed by all of the injured parties who were sent to hospital, to the ASN Canada FIA office.**