



## INCIDENT REPORT

This form must be filled out if a driver is unable to race again due to injury during the racing event. It is the responsibility of the Track Director to have this form filled out. **This form must be submitted to Secretary@ quartermidgets.org, within 24 hours.** Please circle answers where appropriate.

Driver Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Track: \_\_\_\_\_ Region Date: \_\_\_\_\_

Race Director Name: \_\_\_\_\_ Age: \_\_\_\_\_ (please circle one)  
Male Female

QMA Number: \_\_\_\_\_ Handlers Name: \_\_\_\_\_

When did the accident occur? \_\_\_\_\_ (please circle one) Day Night Time

Track Condition: Dry Wet Raining

Class: \_\_\_\_\_ Car: \_\_\_\_\_ Make: \_\_\_\_\_ Year Built: \_\_\_\_\_

Lap Belt tight? Yes No Wrist Restraints appropriate length Yes No

Shoulder Harness tight? Yes No Neck Collar stayed in place? Yes No

Nerf bars in good condition.....Before: Yes No After: Yes No

Push bars in good condition.....Before: Yes No After: Yes No

Shoulder bars in good condition.....Before: Yes No After: Yes No

Any damage to helmet? Yes No If yes, please describe: \_\_\_\_\_

Did driver have a dark shield on at night? Yes No

Driver's injuries: Please provide any information that is useful: \_\_\_\_\_

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