



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. If a driver can continue to race at the event, this form is optional. 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 _____

PLEASE MAIL TO:

EARL WILCOX
8607 Broome Road
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9/09