



Incident Reporting Form

Incident Date: _____

Track (name/location): _____

Organizer/Promoter: _____

Event Type (i.e. Oval, Drag, Road Course, Autocross): _____

Incident Date and Time: _____

Injured Person: Driver/Rider Official Crew Member Spectator No injury

Nature: Bodily Injury Property Damage Other _____

Waiver signed: Yes No

Location of Accident: Grand Stands Pit Area On Track Staging Area

Return Area Other _____

Name of Injured Person or Property Owner:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Vehicle: Year: _____ Make: _____ Model: _____

Class: _____

Incident Description: _____

Description of Injury: _____

Hospital: Transported to Hospital: Yes No

Admitted to Hospital: Yes No Unknown



LOCKTON
MOTORSPORTS
TRACK INSURANCE PROGRAM

Hospital Name and City/State: _____

Transporting Ambulance Service: _____

Reported By:

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Please submit this form along with a completed "Claim Notice" to begin the claim process.