



MOTORSPORTS TRACK INCIDENT REPORT

(Complete one report for each injured party)
REPORT MAY BE FAXED TO 1-905-648-7399 and 416-677-9555
or e-mail to office@casc.on.ca and kevinb@stoneridgespecialty.ca

Promoter / Track Name: _____

Location: _____

Injured Party Was A: SPECTATOR PARTICIPANT

Participant Type: DRIVER OFFICIAL MECHANIC CREW OTHER _____

Vehicle Type: _____

Date of Incident: _____ Time: _____ AM / PM

Name of Injured Party: _____ Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ Business Telephone: () _____

Did Injured Sign a Waiver and Release? YES NO

Party was Injured: SPECTATOR SIDE PIT AREA TRACK

Briefly describe incident: _____

Briefly describe extent of injury to party: _____

Was party transported to hospital? YES NO

Was party admitted to hospital? YES NO

Name of hospital: _____

Address of hospital: _____

Name of transporting ambulance service: _____

Address: __ City: __ Province: __ Postal Code: __

Report Prepared by Track Official:

Name: _____ Title: _____

Address: __ City: __ Province: __ Postal Code: __

Day Phone: () _____ Evening Phone: () _____