

# MOTORSPORT INSURANCE



## Incident Reporting Package

1336 Sandhill Drive • Unit 4 • Ancaster, Ontario • L9G 4V5

[www.StoneRidgeSpecialty.ca](http://www.StoneRidgeSpecialty.ca)

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# INCIDENT HANDLING GUIDELINES

When a person at the event goes down with an injury – and whether attention is given by an usher, nurse, EMT or other assigned personnel, both the injured person and the situation need to be evaluated and stabilized, whether it is until the ambulance arrives and takes over, until the person can be taken to the First Aid room for care and observation, or until the person refuses care and/or elects to return to the event without further attention. Regardless of the scenario and which personnel, there are a number of do's and don'ts while attending to the injured person's needs. Among them:

- Don't** accept or even suggest fault for the incident
- Don't** make any promises about anything
- Don't** make payment or say his/her medical bills will be paid
- Don't** give any information about your insurance coverage
- Don't** recommend any medical facility unless told to do so
- Don't** reflect an attitude of boredom, nuisance, or importance
- Don't** argue or patronizingly agree with any disagreeable comments by the injured person
- Don't** leave the person unattended until transferred to health or security personnel in the pre-authorized manner or release at their own request
- Don't** fail to observe and record any significant circumstance
- Don't** hesitate to correct any hazardous situation (e.g., wet spot) as soon as reasonable after attending to the person
- Do** give respect and appropriate attention to the stricken person
- Do** assist within the local system of obtaining and recording the relevant information about the incident on the Report Form being used for this track
- Do** contact security of other designated personnel so that an investigation and warranted controls/remediations can be launched without unnecessary delay
- Do** ask the person what he/she believes happened and record such in his/her own words, if at all possible.
- Do** note in the report, if observable circumstances differ, or reflect in any way on, what the person is claiming
- Do** note in the report if the person is noticeable upset or actually complaining about the cause of his/her accident.
- Do** give respect to any complaint
- Do** report the incident to StoneRidge Specialty. In the case of fatality, spectator injury or serious participant injury call 1-226-318-1744 immediately and provide details.

# MOTORSPORTS INCIDENT FORM

## INFORMATION AND GUIDELINES

Complete all sections in as much detail as possible and attach additional pages if necessary, such as a copy of the waiver, observer's report, etc. Please contact StoneRidge Specialty Insurance if you need further information.

1. Complete an Incident Report for:

### ALL INJURIES

Any physical injury, including when a driver sustains a hit hard enough to possibly result in soft tissue injury or Provinces he/she might be injured. NOTE: Minor injuries (bee stings, small cuts, scrapes, etc.) sustained off-track (in paddock, garages, offices, etc.) and not involving a moving vehicle or spectator should also be reported.

2. Obtain original Releases and Waivers signed by injured party(ies). Do not send original until directed.
3. For any spectator injury, fatality or serious participant injury, obtain at least two (2) eyewitness reports.
4. Return the completed form along with the following:
  - a) Copy of the completed and signed event waiver;
  - b) Copy of the completed and signed parental consent/minor waiver (if applicable);
  - c) Written reports from medical/emergency personnel.

### 5. IN CASE OF:

- ✓ **A fatality;**
- ✓ **ANY INJURY TO A SPECTATOR;**
- ✓ **A serious participant injury, no matter what caused it;**
- ✓ **WHEN IN DOUBT, CALL:**

**StoneRidge Specialty Insurance**

**Tel.: 1-226-318-1744**

*Note: Please report all injuries, suspected injuries or refusals for treatment immediately after the event.*





# MOTORSPORTS TRACK INCIDENT REPORT

(Complete one report for each injured party)

REPORT MAY BE FAXED TO

1-905-648-7399

or e-mail [kevinb@stoneridgespecialty.ca](mailto: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: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_