100 Glen Eagles Court, Carrollton, GA 30117 EMERGENCY CLAIMS AFTER HOURS: 470-868-6989

INCIDENT REPORT

COMPLETE ALL SECTIONS

Sign, Date and Send via email: MSClaims@igpspecialty.com

Or Fax: 610-362-8873

PROMOTER	
TRACK	
SANCTIONING BODY / PROMOTER	NHRA □ TRACK PROMOTED □ WDRA □ IMCA □ IHRA □ OTHER □
EVENT TYPE	DRAG OVAL ROAD COURSE OTHER OTHER
INCIDENT DATE	DATE TIME AM - PM -
INJURED PERSON	DRIVER/RIDER □ OFFICIAL □ CREW MEMBER □ SPECTATOR □ OTHER □
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 DAYTIME PHONE CELL PHONE
	AGE DOB MALE - FEMALE -
VEHICLE	YR MAKE MODEL
INCIDENT DESCRIPTION (DESCRIBE WHAT HAPPENED)	
DESCRIPTION OF INJURY	
HOSPITAL	TRANSPORTED TO HOSPITAL YES NO NO UNKNOWN DHOSPITAL YES NO UNKNOWN DHOSPITAL NAME TRANSPORTING AMBULANCE SERVICE ADDRESS, CITY, STATE
WITNESSES	Witness 1 Witness 2
NAME	
ADDRESS PHONE	
REPORTED BY	
NAME ADDRESS, CITY, STATE, ZIP	TITLE
SIGNATURE	DATE