



# Incident Report for: **AX-DE-Tour-TT-Other:** \_\_\_\_\_

Version January 2010

Complete per **PCA Guidelines for Observer and Incident Reports** as listed in the *PCA Region Procedures Manual*. Circle type of event above involving car damage or personal injury and FAX it and attachment(s) as indicated on page 2 to the Insurance Chair, Insurance Rep, Safety Chair, PCA National Office, appropriate Zone Representative, and mail to DE Committee Chair. In the case of a multiple car incident, complete one report per car. Incidents involving bodily injury are to be submitted on next business day. Other incidents are to be reported within five (5) business days.

cont. PCA FORMS

1. PCA Region: \_\_\_\_\_  
 Name of Event Chair: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Location (specific track or city/state/zip): \_\_\_\_\_  
 Type of Event (DE, AX, TT, Rally): \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_

2. Name of Driver : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Any injuries?  Yes  No Who determined: \_\_\_\_\_  
 Was driver a signed in entrant?  Yes  No  
 If yes, in what category? (i.e. student, solo, instructor, driver) \_\_\_\_\_  
 If no, please explain \_\_\_\_\_  
 Name or color of run group (if applicable) \_\_\_\_\_

3. Was there a passenger in the vehicle?  Yes  No  
 If yes, Name of Passenger: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Any injuries?  Yes  No Who determined: \_\_\_\_\_  
 Was passenger a signed in entrant? \_\_\_\_\_  
 If yes, in what category? (i.e. student, solo, instructor, navigator) \_\_\_\_\_  
 If no, please explain? \_\_\_\_\_  
 Name or color of run group (if applicable) \_\_\_\_\_

4. Was there injury to any other party?  Yes  No  
 If yes, Name of Injured Party: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Who determined injury: \_\_\_\_\_  
 Was injured party a signed in entrant?  Yes  No  
 If yes, in what category? (i.e. student, solo, instructor, navigator) \_\_\_\_\_  
 If no, please explain? \_\_\_\_\_

5. Attach a photocopy of the signed waiver for all parties named in this report with name and signature highlighted.

6. Describe automobile(s) involved, including make, year, model, color, body style:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Describe the incident, including the nature of any injuries, damage to car, and/or property damage.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Page 2 Incident Report - Driving Events

8. If injuries required transport, please provide the following for each party:

Name of person transported: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Address (city/state/zip): \_\_\_\_\_

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

Check one:  Outpatient emergency room  Admitted

9. Sketch of Incident

10. Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Report prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone (W): \_\_\_\_\_ Telephone (H): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send to all 6 individuals listed below:

<b>Insurance Chair</b>	<b>Ken Laborde</b>	<b>Email:</b> klaborde@gllaw.com <b>Fax:</b> 504-561-1011
<b>Insurance Rep</b>	<b>Pete Lyon</b>	<b>Email:</b> pete_lyon@wellsfargois.com <b>Fax:</b> 713 507 9418
<b>Safety Chair</b>	<b>Arlene Novack</b>	<b>Email:</b> safety@pca.org <b>Fax:</b> 973-514-1660
<b>DE Committee Chair</b>	<b>Pete Tremper</b>	<b>Email:</b> Tremper9146@aol.com <b>Mail to:</b> 523 Coyle Rd, Clayton, NJ 08312
<b>PCA National Office</b>	<b>Vu Nguyen</b>	<b>Email:</b> vun@pca.org <b>Fax:</b> 703-321-2110
<b>Appropriate Zone Representative</b>		(See names & email addresses in <i>Panorama</i> or at <a href="http://pca.org">pca.org</a> )