

PIT PASS #: _____

(Check and/or circle one per section, complete relevant blanks.)

K & K INSURANCE

Group, Inc

1712 Magnavox Way
PO Box 2338
Fort Wayne, Indiana 46801-2338
800-237-2917

INJURED: (Rider) (Pit Crew) (Official) (Spectator) (Other) _____
Name: _____ Age: _____ Sex: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Years Experience, this Level: (1st) (1-3) (4-9) (10+)

ACCIDENT REPORT MOTORSPORTS VARIABLE COURSES

TRACK NAME/LOCATION: _____
Policy # _____
Sanctioned by ISOC Race _____ Track Length: _____

INJURY

DATE OF INJURY: _____
INJURED BODY PART: _____
CONDITION: _____
(Sprain, Fracture, Concussion, etc.)
ESTIMATED ABSENCE FROM WORK: (1 -7 days) (1 -3 weeks) (3+ weeks)
DOES INJURED DRIVER HAVE OTHER INSURANCE? (Y) (N) Company _____

TIME:
 Morning
 Afternoon
 Evening
 Lights

DISPOSITION:
 On-Site Care Only
 Ambulance to: _____
City: _____
 Fatality

TYPE Other: _____
 ATV(CLASS & No.): _____
 SNOWMOBILE (CLASS & No.) _____

OCCASION:
 PRE-RACE
 PRACTICE
 TIME-TRIALS
 HEAT
 PIT STOP
 YELLOW FLAG
 DURING RACE: (Start) (Early)
 (Mid) (Late) (Finish)
 BETWEEN RACES
 AFTER RACES

LOCATION:
 LOADING AREA (Garage)
 PADDOCK
 PITS (Entrance) (Exit)
 PIT EXIT (infield) (Outside)
 TURN # _____
 STRAIGHTAWAY
 FENCE (CC) (Wheel)
 GRANDSTAND (Seats) (Steps)
Row #: (Low) (Mid) (Upper)
 OTHER: _____

ACTIVITY:
 PASSING:
 BEING PASSED
 SUDDEN MECH. FAILURE
 NORMAL RACING
 MAINTENANCE (Fuel)
(Tires) (Mechanical)
 LOADING/UNLOADING
 HORSEPLAY
 OTHER: _____

SITUATION:
 MECHANICAL FAILURE:
 LOST FRONT WHEEL (L) (R)
 LOST REAR WHEEL (L) (R)
 CUT TIRE
 BLOWN ENGINE
 STUCK THROTTLE
OTHER: _____

SURFACE
 ASPHALT
 DIRT
 MUD
 ICE
 CONCRETE
 OTHER: _____

CONDITION:
 NORMAL
 WET
 SNOW/ICE
 IRREGULAR
 OILY
 OTHER: _____

SPECIAL CIRCUMSTANCES:
 VEHICLE PROBLEM
 FACILITY PROBLEM
(No Barrier) (Sharp Edge)
Other: _____
 OTHER: (Unauthorized Presence) (Intoxication) (Poor Judgment) (Poor Skill)
Other: _____

IF NON-MECHANICAL:
 COLLIDED W/ _____
 HIT BY _____

 FALL (Slip) (Trip) (Pushed)
 OTHER

DESCRIBE HOW ACCIDENT HAPPENED:

(Use back for witness or additional information)

Completed by: Joni Ebert Title: Claims
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