



Incident Report for: **AX-DE-Tour-TT-Other:** _____

Version January 2012

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.

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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:

| | | |
|--|----------------------|---|
| Insurance Chair | Ken Laborde | Email: klaborde@gllaw.com Fax: 504-561-1011 |
| Insurance Rep | Pete Lyon | Email: pete_lyon@wellsfargois.com Fax: 713 507 9418 |
| Safety Chair | Arlene Novack | Email: safety@pca.org Fax: 973-514-1660 |
| DE Committee Chair | Pete Tremper | Email: Tremper9146@aol.com Mail to: 523 Coyle Rd, Clayton, NJ 08312 |
| PCA National Office | Vu Nguyen | Email: vun@pca.org Fax: 410-381-0924 |
| Appropriate Zone Representative | | (See names & email addresses in <i>Panorama</i> or at pca.org) |