



Incident Report - Non-Driving Events

Version January 2010

Complete this report for all incidents involving any car to car contact, damage to a vehicle that cannot be buffed out, any personal injury and/or any verbal altercation between an individual and a Region or event official, and FAX, email and/or mail as indicated at the end of the form. In the case of a multiple car incident, complete one report per car.

1. PCA Region: _____
Type of Event (Concours, Social, Tech): _____
Name of Event Chair: _____
Telephone: (_____) _____ E-mail: _____
Location (specific track or city/state/zip): _____
Date of Incident: _____

2. Name of Person involved in the incident: _____
Address: _____
Telephone: (_____) _____ E-mail: _____
Any injuries? Yes No _____ Who determined: _____
Was this person a signed in entrant? Yes No
If yes, in what category? (i.e. participant, worker) _____
If no, please explain _____

3. 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. participant, worker) _____
If no, please explain? _____

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

5. Describe any automobile(s) involved, including make, year, model, color, body style:

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

7. If there were any injuries that required transport, please provide the following for each injured party:
Name of person transported: _____
Name of Hospital: _____
Address (city/state/zip): _____
Telephone: (_____) _____
Check one: Outpatient emergency room Admitted

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8. Sketch of Incident (if applicable)

9. Additional comments: _____

10. 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@glllaw.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: 703-321-2110
Appropriate Zone Representative		(See names & email addresses in <i>Panorama</i> or at pca.org)