



Incident Report

ASN Canada FIA
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All areas must be filled out completely using block letters

Name of Event Organizer: _____

Date of Incident: _____ Time: _____

Territory / Region: _____ Location: _____

Location of Incident (check one): Track Paddock Pits Grid Stands Other

Type of Event (check one):

Circuit (cars)	<input type="checkbox"/> Race no spectators	<input type="checkbox"/> Race with spectators	<input type="checkbox"/> Practice / testing	<input type="checkbox"/> School
Ice Race (cars)	<input type="checkbox"/> No passengers	<input type="checkbox"/> With passengers		
Rally	<input type="checkbox"/> Performance/National	<input type="checkbox"/> Performance/Regional	<input type="checkbox"/> Performance/One Road	<input type="checkbox"/> Performance School
	<input type="checkbox"/> Rally Sprint	<input type="checkbox"/> Rally Cross	<input type="checkbox"/> Navigational	<input type="checkbox"/> School
Solo	<input type="checkbox"/> Solo 1 Event	<input type="checkbox"/> Solo I School	<input type="checkbox"/> Solo 2 Event	<input type="checkbox"/> Solo 2 School
Karting	<input type="checkbox"/> Race	<input type="checkbox"/> Practice	<input type="checkbox"/> Test / Tune	<input type="checkbox"/> School

SECTION 1 - Incidents involving competition vehicles (provide separate list if necessary):

First Car:	Car #:	Class:	Make:
Driver Name:			
Address:			
City:	Province:	Postal Code:	
Phone (day):	()	Phone (evening):	()
Injuries	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Other: <input type="checkbox"/> Laceration <input type="checkbox"/> Contusion <input type="checkbox"/> Break <input type="checkbox"/> Burn <input type="checkbox"/> Fatality <input type="checkbox"/> Other:		
Sent to Hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach Release & Waiver with this report)		

Second Car:	Car #:	Class:	Make:
Driver Name:			
Address:			
City:	Province:	Postal Code:	
Phone (day):	()	Phone (evening):	()
Injuries	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Other: <input type="checkbox"/> Laceration <input type="checkbox"/> Contusion <input type="checkbox"/> Break <input type="checkbox"/> Burn <input type="checkbox"/> Fatality <input type="checkbox"/> Other:		
Sent to Hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach Release & Waiver with this report)		

SECTION 2 - Incidents involving (check one, or provide separate list if necessary):

Crew Official Spectator Passenger Worker Other: _____

Name:			
Address:			
City:	Province:	Postal Code:	
Phone (day):	()	Phone (evening):	()
Treated by event Medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Returned to Event?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Injuries	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Other: <input type="checkbox"/> Laceration <input type="checkbox"/> Contusion <input type="checkbox"/> Break <input type="checkbox"/> Burn <input type="checkbox"/> Fatality <input type="checkbox"/> Other:		
Sent to Hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach Release & Waiver with this report)		

SECTION 3 – Property Damage

Owners Name:			
Address:			
City:		Province:	Postal Code:
Phone (day):	()	Phone (evening):	()
Property Description:			
Damage & Disposition:			

SECTION 4 – Description of Incident

- Type of Incident Check all that apply**
- | | | |
|---|---|--|
| <input type="checkbox"/> Vehicle to Vehicle | <input type="checkbox"/> Vehicle to Object | <input type="checkbox"/> Vehicle to Person |
| <input type="checkbox"/> Spin | <input type="checkbox"/> Roll | <input type="checkbox"/> Trip / Fall |
| <input type="checkbox"/> Course worker injury | <input type="checkbox"/> Mechanical Failure | <input type="checkbox"/> Pushing / Loading Vehicle |
| <input type="checkbox"/> Other | | |

Details of Incident (use additional sheet of paper if necessary):

Course Conditions:	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Muddy
	<input type="checkbox"/> Gravel	<input type="checkbox"/> Ice or Snow	
	<input type="checkbox"/> Other:		
Course Situation:	<input type="checkbox"/> Green Flag	<input type="checkbox"/> Yellow / White	<input type="checkbox"/> Debris/Oil
	<input type="checkbox"/> Yellow (stationary)	<input type="checkbox"/> Yellow (waving):	<input type="checkbox"/> Red:
	<input type="checkbox"/> Other:		
Emergency Equipment Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes check all that apply)		
	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Rescue Tools	<input type="checkbox"/> Fire Truck
	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Tow Truck	<input type="checkbox"/> Fire Extinguisher

SECTION 5 – Report Submission:

Report Submitted by:			
Position at Event:			
Address:			
City:		Province:	Postal Code:
Phone (day):	()	Phone (evening):	()
Signature:			
Date:	Day:	Month:	Year

Fax report immediately - Mail the original of this report to the ASN Canada FIA office.