INCIDENT REPORT

PROMOTER	National Auto Sport Association
TRACK	
SANCTIONING BODY / PROMOTER	NASA Rally Sport
EVENT TYPE	DRAG ☐ OVAL ☐ ROAD COURSE ☐ OTHER ☐ ____
VEHICLE TYPE	STOCK CAR ☐ OPEN WHEEL ☐ DRAG ☐ BOAT ☐ KART ☐ MOTORCYCLE ☐ OTHER ☐ ____
TRACK SURFACE	ASPHALT ☐ DIRT ☐ OTHER ☐ ____
INCIDENT DATE	DATE ____ TIME ____ AM ☐ PM ☐
INJURED PERSON	DRIVER/RIDER ☐ OFFICIAL ☐ CREW MEMBER ☐ SPECTATOR ☐ OTHER ☐ ____
NATURE	BODILY INJURY ☐ PROPERTY DAMAGE ☐ OTHER ☐ ____ FATALITY ☐
WAIVER SIGNED	YES ☐ NO ☐
LOCATION OF ACCIDENT	GRAND STANDS ☐ PIT AREA ☐ ON TRACK ☐ PARKING LOT ☐ STAGING AREA ☐ RETURN AREA ☐ OTHER ☐ ____
NAME OF INJURED PERSON OR PROPERTY OWNER	NAME ____ ADDRESS ____ CITY ____ STATE / ZIP ____ DAYTIME PHONE ____ CELL PHONE ____ AGE ____ DOB ____ MALE ☐ FEMALE ☐
VEHICLE	YR ____ MAKE ____ MODEL ____
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED
DESCRIPTION OF INJURY	
HOSPITAL	TRANSPORTED TO HOSPITAL YES ☐ NO ☐ ADMITTED TO HOSPITAL YES ☐ NO ☐ UNKNOWN ☐ HOSPITAL NAME ____ TRANSPORTING AMBULANCE SERVICE ____ ADDRESS, CITY, STATE

WITNESSES	Witness 1	Witness 2
NAME		
ADDRESS		
PHONE		

REPORTED BY			
NAME	John Lindsey	TITLE	General Counsel
ADDRESS	15 Entrada Circle	CITY	American Canyon
PHONE	213-705-1120	STATE/ZIP	94503

PLEASE SUBMIT FORM TO:

WSIB Insurance Agency, LLC ● 10319 Dawson's Creek Blvd. ● Suite J ● Fort Wayne, IN 46825 ● Email: claimreporting@wsibinsurance.com

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