

WKA INCIDENT REPORT

Track/Club Official Name: _____ Wristband #: _____

Day Phone: (_____) _____ Night Phone: (_____) _____

Accidents involving spectators or fatal injuries or transport of a person should be reported immediately to Michael L. Davis Insurance Agency, LLC via telephone at (800) 877-529-0077 or (216) 401-1620 after hours. These lines are available 24-hours a day for the reporting of claims. Please notify WKA of this incident.

★ CHECK OR CIRCLE AS REQUIRED ★ CHECK MORE THAN ONE BOX IF APPROPRIATE ★ DO NOT GUESS – GET THE FACTS!

PLEASE PRINT CLEARLY

Name of Person in Incident: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of Birth: _____ e-mail: _____

Incident Date: _____ Incident Time: _____ A.M. P.M.

Name of Track: _____ City / State: _____

Category: Sprint Enduro Motorcycle Class _____ Motorcycle or Kart # _____

Status: Driver Pit Crew Official Spectator Sex: Male Female

Other Insurance: Yes No If "Yes," Company Name: _____

Category of Injury: Fatality Injury No Injury

If Fatality or Injury:
Disposition: On-Site Care Only
 Transport by Ambulance to: _____
(Name of Facility) (City) (State)

What Part(s) of the Injured Person's Body was Hurt? No Injury

Hand	Arm	Foot	Leg	Side	Shoulder	Back	Face	Eye	Hip	Neck	Stomach	Chest	Groin	Head
L/R	L/R	L/R	L/R	L/R	L/R	L/R	L/R	L/R	L/R					

Description of Injury: Severe Cut w/ Bleeding Fracture Concussion Burns Paralysis
 Less Serious Bruises, Cuts, Scratches Sprain/Strain

Track Surface: Dirt Asphalt Incident Location: Pit/Paddock Grid First Turn Other Turn Straightway-Start/Finish

PROTECTIVE CLOTHING

Helmet Type: Full Face Open Face Mfr Name: _____ Did Helmet Remain On? Yes No

Was There Damage or Failure of Any Safety Clothing? Yes No

DESCRIBE HOW THE ACCIDENT HAPPENED (FACTS ONLY – NO SKETCH):

Date _____ Signature of Track/Club Official _____

SUBMIT CLAIMS TO: WKA
560 Pitts School Rd Unit G
Concord, NC 28027 *Use reverse side of report for additional info.*

CONTACT PHONE NUMBERS: 704-455-1606 (Office)
704-783-5251 (Emergency # or Text)
704-455-1609 (Fax) **ALL INCIDENT REPORTS MUST HAVE A COPY OF A SIGNED WAIVER ATTACHED WHETHER IT BE AN ADULT OR MINOR WAIVER**