
INCIDENT REPORTS – A CRITICAL PART OF WEEKEND PAPERWORK

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Driving. Motorsport.

Who Reports Incidents?

Not all
Stewards



Road Rally

Organizer and the driver of the car involved both report



Solo

Safety Steward reports, check box on the audit for incidents that were reported



RallyX

Safety Stewards report about incidents



Club Racing and Time Trials

Club Racing:

Safety Steward completes report
– may submit it or may have it
included in the Observers Report

Time Trials – Safety Steward
reports



Two Important Forms

Incident Report Form (IRF)
Green Cards

Know how they work

Know how they help us

Accuracy not opinion is the key



What report to use? The latest one!

SCCA
Sports Car Club of America

Incident Report Form

INCIDENT REPORT FOR NOTICE ONLY

All areas must be filled out completely!

Section 1. INCIDENTS INVOLVING COMPETITION VEHICLES *Waiver Signed*

First Car # _____ Class _____ Make _____
Driver Name _____ MEMBER# _____
Address _____ City _____
State/Zip _____ EMAIL(s) _____
Telephone (Day) (____) _____ (Eve) (____) _____
Treated by Event Medical? ☐ Yes ☐ No Returned to Event? ☐ Yes ☐ No Green Card Issued? ☐ Yes ☐ No
Injuries: ☐ Head ☐ Neck ☐ Back ☐ Arms ☐ Legs ☐ Other _____
☐ Laceration ☐ Contusion ☐ Break ☐ Burn ☐ Amputation ☐ Fatality ☐ Other _____
Sent to Hospital? ☐ Yes ☐ No (If yes, please submit Release & Waiver with this report.)

Section 2. INCIDENTS INVOLVING (CHECK ONE): *Waiver Signed*

☐ Crew ☐ Official ☐ Spectator ☐ Passenger ☐ Worker ☐ Other _____
Name _____ MEMBER# _____
Address _____ City _____
State/Zip _____ EMAIL(s) _____
Telephone (Day) (____) _____ (Eve) (____) _____
Treated by Event Medical? ☐ Yes ☐ No Minor? ☐ Yes ☐ No Green Card Issued? ☐ Yes ☐ No
Injuries: ☐ Head ☐ Neck ☐ Back ☐ Arms ☐ Legs ☐ Other _____
☐ Laceration ☐ Contusion ☐ Break ☐ Burn ☐ Amputation ☐ Fatality ☐ Other _____
Sent to Hospital? ☐ Yes ☐ No (If yes, please submit Release & Waiver with this report.)

Section 3. PROPERTY DAMAGE

Driver Name _____ MEMBER# _____
Address _____
City _____ State _____ Zip _____
Telephone (Day) (____) _____ (Eve) (____) _____
Property Description _____
Damage and Disposition _____

Section 4. DESCRIPTION OF INCIDENT

Type of Incident: (Check all that apply)

<input type="checkbox"/> Vehicle to Vehicle	<input type="checkbox"/> Trip/Fall	Specifications:
<input type="checkbox"/> Vehicle to Object	<input type="checkbox"/> Course Worker Injury	<input type="checkbox"/> On Course
<input type="checkbox"/> Vehicle to Person	<input type="checkbox"/> Mechanical Failure	<input type="checkbox"/> Turn # _____
<input type="checkbox"/> Spin	<input type="checkbox"/> Pushing/Loading Vehicle	OR
<input type="checkbox"/> Roll	<input type="checkbox"/> Other _____	<input type="checkbox"/> Flag Station # _____

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"/> Oil	<input type="checkbox"/> Gravel	
<input type="checkbox"/> Other		

Course Situation:

<input type="checkbox"/> Green Flag	<input type="checkbox"/> Yellow (Stationary)
<input type="checkbox"/> Yellow/White	<input type="checkbox"/> Yellow (Waving)
<input type="checkbox"/> Oil	<input type="checkbox"/> Other

Emergency Equipment Used? ☐ Yes ☐ No (If yes, check all that apply.)

<input type="checkbox"/> Ambulance	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Fire Bottle
<input type="checkbox"/> Rescue Tools	<input type="checkbox"/> Wrecker	<input type="checkbox"/> Tow Vehicle
<input type="checkbox"/> Fire Truck	<input type="checkbox"/> Back-up Ambulance	

Section 5. OBSERVED/SUBMITTED BY:


Observed by _____ Status _____
Submitted by _____ Safety Steward? ☐ Yes ☐ No
Address _____
City _____ State _____ Zip _____
Telephone (Day) (____) _____ (Eve) (____) _____

Email Incident Report to: KK.claims@kandkinsurance.com SCCAOnlineClaims@HSRI.com Incident@scca.com
Fax & Phone: (312) 381-9079 / (800) 237-2917 Fax & Phone: (972) 512-5816 / (800) 328-1114 Fax: (785) 232-7214
Retain a Copy & Forward a Copy to your Divisional Safety Steward 6620 SE Dwight St. Topeka, KS 66619
Version 09/01/15




←→https://www.scca.com/pages/file-cabinetFile Cabinet - Sports Car Cl... x

SearchKathy Barnes



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SCCA Files

- [Audited Financial Statements](#)
- [Operations Manual 2.26.15](#)
- [SCCA ByLaws](#)
- [Strategic Plan 2015](#)
- [SCCA Regions Listing w/ #, abbreviation](#)

Membership & Region Development

- [Membership Program Summary](#)
- [Membership Program Details](#)
- [Region Manual](#)

Marketing Your Region

- [Region Media Kit](#)
- [Region PR Toolkit Template File](#)

Insurance


- [*2016* Insurance Rate Sheet](#)
- [*For Club Racing Sanction/Insurance forms please scroll down to Club Racing Forms & Reference](#)
- [2015 Solo Sanction/Insurance Application](#)
- [2015 Solo Audit Form](#)
- [Insurance Request for Non-Race Activities](#)
- [2015 Insurance Rate Sheet](#)
- [*FILLABLE* Incident Report Form v2015](#)
- [SCCA "Green Card" Claim Information](#)
- [2015 Land Owners Packet](#)

Club Racing Manuals


- [2011 Club Racing Board Manual](#)

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10:24 PM
1/17/2016



Incident Report Form (IRF)



Incident Report Form

All areas must be filled out completely!

INCIDENT REPORT FOR NOTICE ONLY

Date of Incident _____ Time _____
Region _____ Region # _____ Sanction# _____
Site/Track Name _____ Event Date _____

Location of Incident (check one):

☐ Track ☐ Paddock ☐ Pits ☐ Grid ☐ Stands ☐ Other _____

Type of Event (check one): ☐ Solo Trials ☐ Solo ☐ Road Rally ☐ Circuit Rally

☐ RallyCross ☒ Drivers School ☒ Regional ☒ National ☐ Street Survival

☐ PDX ☐ Track Trials ☐ Club Trials ☐ Hill Climb ☒ Other **Majors**



Incident Report Form (IRF)

SECTION 1. INCIDENTS INVOLVING COMPETITION VEHICLES

Waiver Signed _____

First Car Car # _____ Class _____ Make _____

Driver Name _____ MEMBER# _____

Address _____ City _____

State/Zip _____ EMAIL(s) _____

Telephone (Day) (_____) (Eve) (_____) _____

Treated by Event Medical? ☐ Yes ☐ No Returned to Event? ☐ Yes ☐ No Green Card Issued: ☐ Yes ☐ No

Injuries: ☐ Head ☐ Neck ☐ Back ☐ Arms ☐ Legs ☐ Other _____

☐ Laceration ☐ Contusion ☐ Break ☐ Burn ☐ Amputation ☐ Fatality ☐ Other _____

Sent to Hospital? ☐ Yes ☐ No (If yes, please submit Release & Waiver with this report.)



Incident Report Form (IRF)

SECTION 3. PROPERTY DAMAGE

Driver Name _____ MEMBER# _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) (_____) _____ (Eve) (_____) _____

Property Description _____

Damage and Disposition _____



SECTION 4. DESCRIPTION OF INCIDENT

Type of Incident: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Vehicle to Vehicle | <input type="checkbox"/> Trip/Fall |
| <input type="checkbox"/> Vehicle to Object | <input type="checkbox"/> Course Worker Injury |
| <input type="checkbox"/> Vehicle to Person | <input type="checkbox"/> Mechanical Failure |
| <input type="checkbox"/> Spin | <input type="checkbox"/> Pushing/Loading Vehicle |
| <input type="checkbox"/> Roll | <input type="checkbox"/> Other |

Specifications:

- ☐ On Course
☐ Turn # _____
OR
☐ Flag Station # _____

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

Course Conditions:

- ☐ Dry ☐ Wet ☐ Muddy
☐ Oil ☐ Gravel
☐ Other

Course Situation:

- ☐ Green Flag ☐ Yellow (Stationary)
☐ Yellow/White ☐ Yellow (Waving)
☐ Oil ☐ Other

Emergency Equipment Used? ☐ Yes ☐ No (If yes, check all that apply.)

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Helicopter | <input type="checkbox"/> Fire Bottle |
| <input type="checkbox"/> Rescue Tools | <input type="checkbox"/> Wrecker | <input type="checkbox"/> Tow Vehicle |
| <input type="checkbox"/> Fire Truck | <input type="checkbox"/> Back-up Ambulance | |



Incident Report Form (IRF)

Last but not least...

SECTION 5. OBSERVED/SUBMITTED BY:

Observed by Joe Superflagger Status F&C Corner Worker
Submitted by John Safferty Safety Steward? ☒ Yes ☐ No
Address 123 Main St.
City Anytown State FL Zip 330XX
Telephone (Day) (305) 555-1212 (Eve) (305) 555-1212



Green Cards?

Any time a person is injured or may be seeking medical attention – give ‘em a green card



The Safety Steward & Green Cards



SPORTS CAR CLUB OF AMERICA, INC / SCCA PRO RACING PARTICIPANT EXCESS MEDICAL CLAIM REPORTING INSTRUCTIONS

In order for an injured participant to file a claim under SCCA's Participant Accident policy, Health Special Risk, Inc. must receive your written request to file a claim by utilizing a HSR Claim Form within 60 days of the Incident Date.

To Request a HSR Participant Accident Explanation of Benefits, Claim Form, Injury & Insurance Statement, & Provider Authorization, please contact HSRI:

Health Special Risk, Inc.	Email: SCCAOnlineClaims@HSRI.com
4100 Medical Parkway	Phone: (800) 328-1114
Carrollton, Texas 75007	Fax: (972)-512-5816

Please provide the following information to request the P.A. Claim Forms:

- * Member Name: _____
- * Member #: _____
- * Member's Primary Medical Policy #: _____
- * Incident Date: _____ Track Name: _____
- * Sanction #: _____
- * Description of Injury/Accident: _____

- * SCCA Participant Accident 2014 Policy # PTPN04963714

Message to Injured Participant & Healthcare Providers:

SCCA provides an accident policy for SCCA Participants should the SCCA member sustain an event-related injury at an SCCA sanctioned event subject to policy terms, conditions, exclusions & limitations.

Medical reimbursement is Excess of the participant's own primary medical insurance, and will be coordinated with any primary medical insurance coverage (including Medicare) of the Member. All participant medical bills must be processed by the Primary Medical Carrier first. A deductible, co-pay, and/or coinsurance amount for which the injured participant is responsible can be submitted to HSRI. Preauthorization and/or precertification are not required. Medical expenses must be in the form of complete itemized statements that include diagnosis and procedure/revenue codes.

The first medical treatment must be received within 60 days of the covered accident. Related medical treatment must be received within 104 weeks from the date of accident. There is a claim filing deadline of 15 months from the date of service.

SCCA 01/01/14

Green Card - Portion 2

Please provide the following information to request the P.A. Claim Forms:

- Member Name: _____
- Member # _____
- Member's Primary Medical Policy # _____
- Incident Date: _____ Track Name: _____
- Sanction #: _____
- Description of Injury/Accident: _____

- SCCA Participant Accident 2014 Policy # PTPN04963714



Green Card - Portion 3

Message to Injured Participant & Healthcare Providers:

SCCA provides an accident policy for SCCA Participants should the SCCA member sustain an event-related injury at an SCCA sanctioned event subject to policy terms, conditions, exclusions & limitations.

Medical reimbursement is Excess of the participant's own primary medical insurance, and will be coordinated with any primary medical insurance coverage (including Medicare) of the Member. All participant medical bills must be processed by the Primary Medical Carrier first. A deductible, co-pay, and/or coinsurance amount for which the injured participant is responsible can be submitted to HSRI. Preauthorization and/or precertification are not required. Medical expenses must be in the form of complete itemized statements that include diagnosis and procedure/revenue codes.

The first medical treatment must be received within 60 days of the covered accident. Related medical treatment must be received within 104 weeks from the date of accident. There is a claim filing deadline of 15 months from the date of service.

SCCA 01/01/14



What else for the report?

Photos

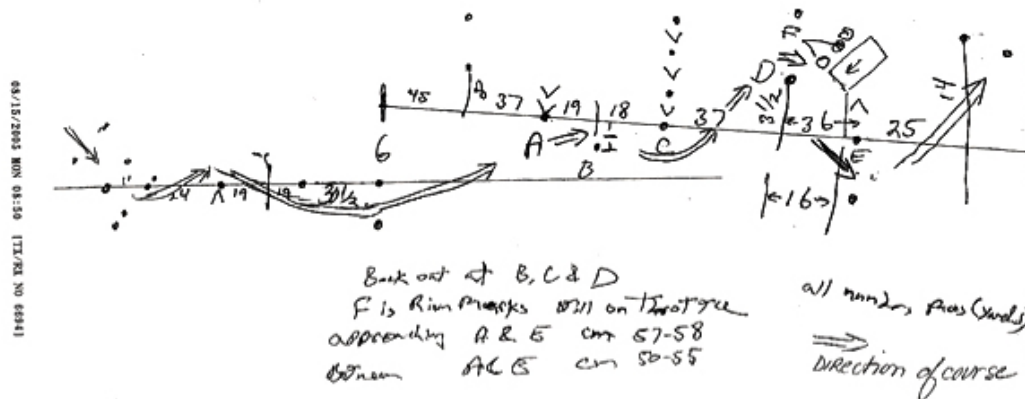
Timelines

Course Maps

Witness Statements

(A)

Diagram by Tyler Sawyer



After the Report is Done

Email Incident Report to:

**KK.claims@kandkinsurance.com, Fax & Phone:
(312-381-9079 / (800) 237-2917**

SCCAOnlineClaims@HSRI.com,

Fax & Phone: (972) 512-5816 / (800) 328-1114

Incident@scca.com

**Fax: (785) 232-7214 6620 SE Dwight St. Topeka, KS
66619**

**Retain a Copy & Forward a Copy to your Divisional
Safety Steward**



Finally –

Follow up with the people
involved in the incident

Confirm that the incident report
was received by SCCA.

