



INCIDENT REPORT

This form must be filled out if a driver is unable to race again due to injury during the racing event. It is the responsibility of the Track Director to have this form filled out. **This form must be submitted to Secretary@ quartermidgets.org, within 24 hours.** Please circle answers where appropriate.

Driver Name: _____ Home Phone # _____

Track: _____ Region Date: _____

Race Director Name: _____ Age: _____ (please circle one)
Male Female

QMA Number: _____ Handlers Name: _____

When did the accident occur? _____ (please circle one) Day Night Time

Track Condition: Dry Wet Raining

Class: _____ Car: _____ Make: _____ Year Built: _____

Lap Belt tight? Yes No Wrist Restraints appropriate length Yes No

Shoulder Harness tight? Yes No Neck Collar stayed in place? Yes No

Nerf bars in good condition.....Before: Yes No After: Yes No

Push bars in good condition.....Before: Yes No After: Yes No

Shoulder bars in good condition.....Before: Yes No After: Yes No

Any damage to helmet? Yes No If yes, please describe: _____

Did driver have a dark shield on at night? Yes No

Driver's injuries: Please provide any information that is useful: _____
