

# T.H.E. Insurance Company

RACE TRACK TYPE  
 OVAL  
 DRAG  
 OTHER (DESCRIBE)

10451 Gulf Boulevard  
 Treasure Island, FL 33706  
 (727)367-6700  
 Fax (727)367-9103 or (727)360-7303

LIABILITY CLAIM  
 PARTICIPANT CLAIM

Policy Number

## RACING ACCIDENT REPORT

<b>(1) INSURED</b>	Name of Track/Association Name		Cell Phone	Business Phone
	Address		City	State    Zip
	Email		Contact Person	Contact Phone
<b>(2) ACCIDENT (TIME, PLACE &amp; DESCRIPTION)</b>	Date & Time of Accident (mm/dd/yyyy)		If Outdoors, Weather (Include Dew or Fog Conditions)	
			<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
	Location of Facility			
	Description of Accident			
Police Dept. Reported to: (include Name and Badge Number of Officer)				
<b>(3) INJURED PERSON</b>	Name		Age	<input type="checkbox"/> Married <input type="checkbox"/> Single
	Address		Res. Phone	Bus. Phone
	Occupation (If Minor, Give Parents' Names)			
	Employed by (Or School Attended)		Does Injured Person Have Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4) THE INJURY</b>	Describe Injury (Location on Body, Size of Wound, Bleeding, Loss of Consciousness, Etc.)			
	Where was Injured Taken After the Accident?		Name of Doctor	
	Treatment Rendered?		Did Injured Person Return to Event After Accident?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>(5) PIT RELEASE</b>	Driver <input type="checkbox"/> Rider <input type="checkbox"/> Official <input type="checkbox"/> Other <input type="checkbox"/>		Class Injured Person Registered	
	Pitman <input type="checkbox"/> Mechanic <input type="checkbox"/> Spectator <input type="checkbox"/>		Stock <input type="checkbox"/> GoKart <input type="checkbox"/> Other <input type="checkbox"/>	
<b>*WAS WAIVER AND RELEASE SIGNED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    PLEASE ATTACH				
<b>(6) WITNESSES</b>	Name		Address	Res. Phone    Bus. Phone
<b>(7) COMMENTS OR STATEMENTS OF INJURED PARTY</b>	Statement Heard By?		Address	Phone
<b>REPORT SUBMITTED BY</b>	Name		Date	Position    Phone

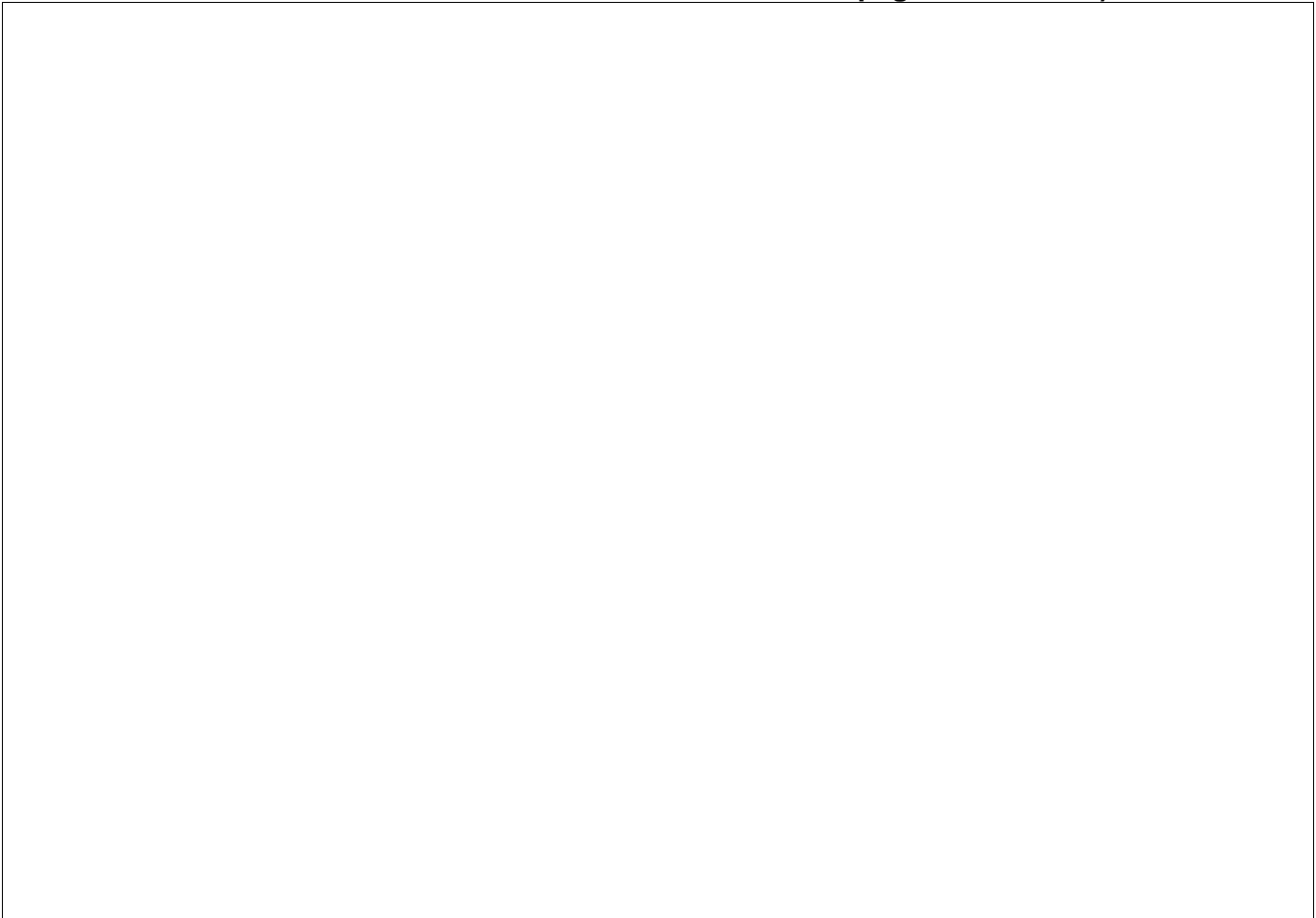
IN CASE OF ACCIDENT!

1. Remain calm.
2. Fill out this form.
3. Fax or mail to this address
4. Serious injuries or death should be phoned in immediately.
5. DO NOT ADMIT FAULT. Do not discuss with anyone except police
6. \*SIGNED WAIVER AND RELEASE MUST BE ATTACHED.

ALL ACCIDENTS MUST BE REPORTED

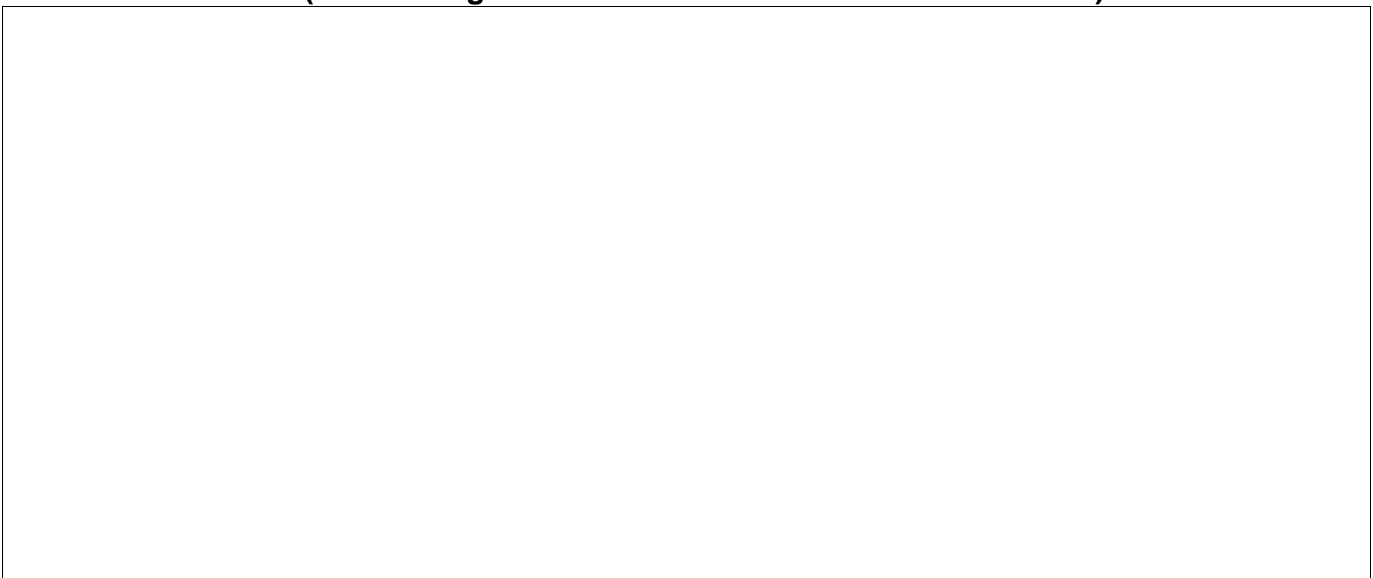
**OPTIONAL INFORMATION**

**(Obtain and record as much information about incident as possible at the time of its occurrence. Use additional pages as needed.)**

A large, empty rectangular box with a thin black border, intended for recording optional information about the incident.

**TRACK/FACILITY DIAGRAM**

**(Sketch diagram of accident location and other details.)**

A large, empty rectangular box with a thin black border, intended for sketching a diagram of the accident location and other details.