

# T.H.E. Insurance Company

RACE TRACK TYPE

- OVAL  
 DRAG  
 OTHER (DESCRIBE)

10451 Gulf Boulevard  
 Treasure Island, FL 33706  
 (727)367-6700  
 CRG Fax (918)317-3205 or T.H.E. Fax(727)360-7303

- LIABILITY CLAIM  
 PARTICIPANT CLAIM

Policy Number

## RACING ACCIDENT REPORT

|   |   |         |   |   |
|---|---|---------|---|---|
| <b>(1)<br/>INSURED</b>  | Name of Track/Association Name  |         | Cell Phone  | Business Phone  |
|   | Address   |         | City  | St Zip  |
| <b>(2)<br/>ACCIDENT<br/>(TIME, PLACE &amp;<br/>DESCRIPTION)</b>   | Date & Time of Accident<br>(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)<br/>INJURED<br/>PERSON</b>   | Name  |         | Age   | <input type="checkbox"/> Married<br><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)<br/>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)<br/>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)<br/>WITNESSES</b>  | Name  | Address | Res. Phone  | Bus. Phone  |
|   |   |         |   |   |
| <b>(7)<br/>COMMENTS OR<br/>STATEMENTS<br/>OF INJURED<br/>PARTY</b>  | Statement Heard By?   |         | Address   | Phone   |
|   |   |         |   |   |
| <b>REPORT<br/>SUBMITTED BY</b>  | Name  | Date    | Position  | Phone   |
|   |   |         |   |   |

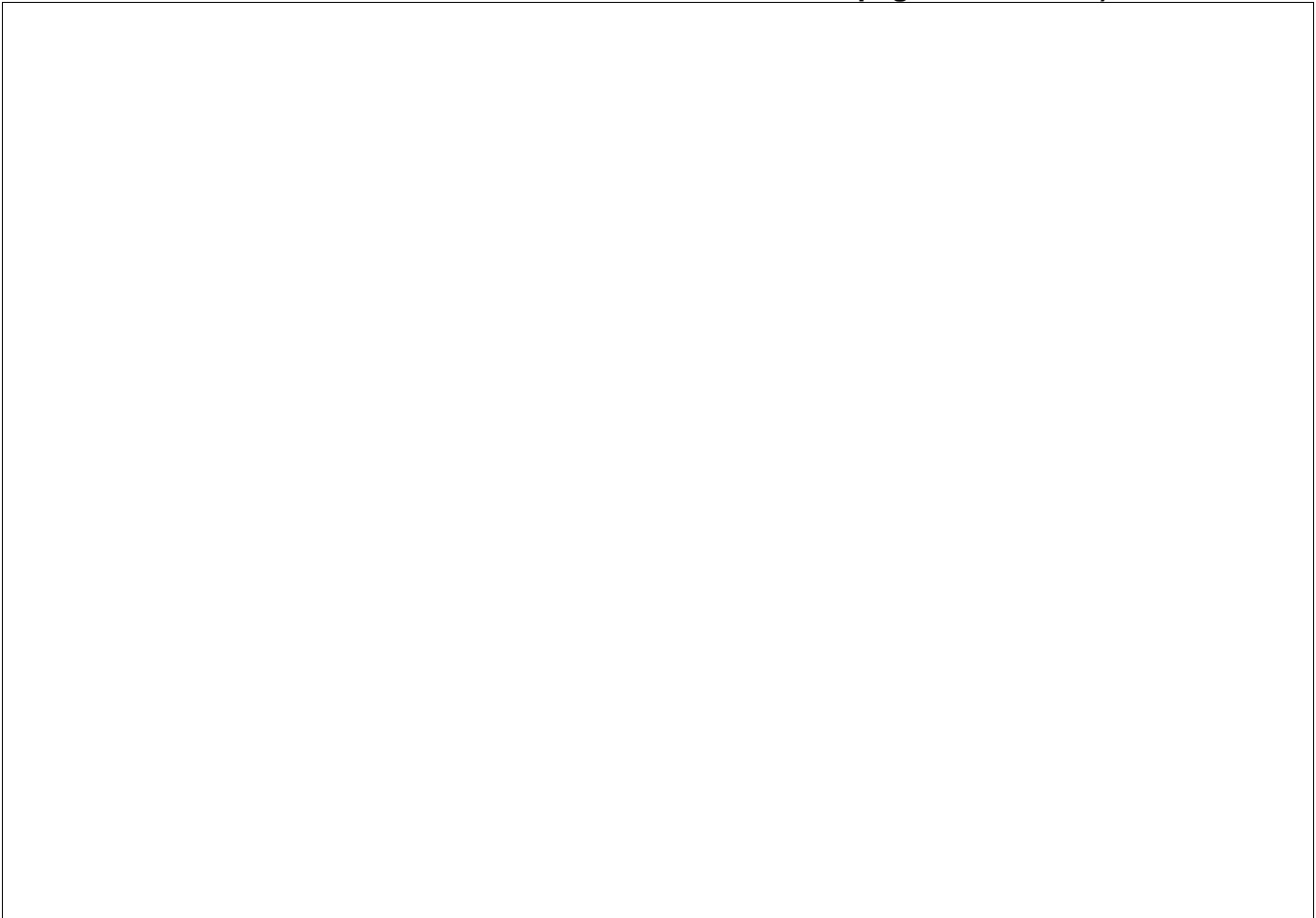
IN CASE OF ACCIDENT!

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

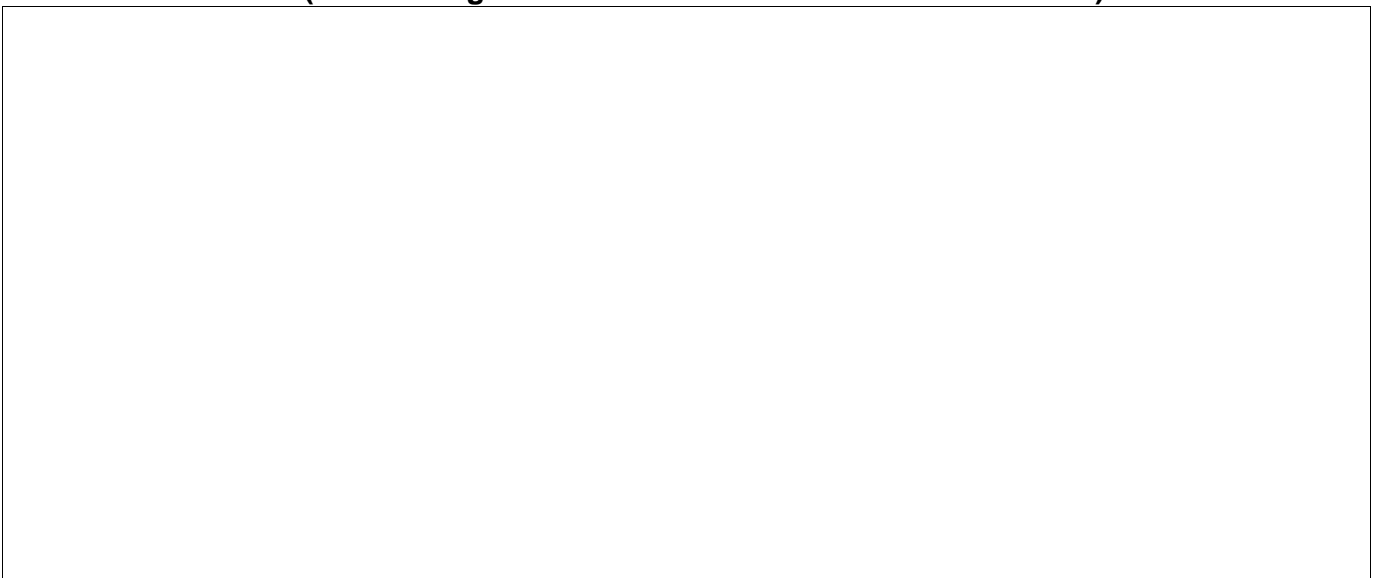
**OPTIONAL INFORMATION**

**(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.