



Canadian Association of Rallysport
 Box 300
 Diamond Valley, AB, T0L 2A0
 Phone: 1-855-640-6444
 Email: office@carsrally.ca
 Website: www.carsrally.ca

Rally Incident Report

Organizing Club: _____ Insurance Certificate #: _____
 Date of Incident: _____ Time: _____
 Region: _____ Location: _____

Location of Incident (check one) Stage Transit Service Park Other
 Type of Event (check one)

- Performance/National Performance/Regional Rally Testing Rally Sprint
 Rally Cross Navigational Rally Rally School

Section 1 Incidents involving competition vehicles (provide separate list if necessary)

Car#	Class:		Make:			
Driver Name:						
Address:						
City:	Province:	Postal Code:				
Phone (day):	Phone (evening):					
Injuries:	<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Arms	<input type="checkbox"/> Legs	<input type="checkbox"/> Other
	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Contusion	<input type="checkbox"/> Break	<input type="checkbox"/> Burn	<input type="checkbox"/> Fatality	<input type="checkbox"/> Other
Sent to Hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach Release and Waiver with this report)					

Car#	Class:		Make:			
Co-Driver Name:						
Address:						
City:	Province:	Postal Code:				
Phone (day):	Phone (evening):					
Injuries:	<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Arms	<input type="checkbox"/> Legs	<input type="checkbox"/> Other
	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Contusion	<input type="checkbox"/> Break	<input type="checkbox"/> Burn	<input type="checkbox"/> Fatality	<input type="checkbox"/> Other
Sent to Hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach Release and Waiver with this report)					

Section 2- Incidents involving (check one, or provide a separate list if necessary)

- Crew Official Spectator Worker Other

Car#	Class:		Make:			
Name:						
Address:						
City:	Province:	Postal Code:				
Phone (day):	Phone (evening):					
Treated by event Medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Returned to Event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Injuries:	<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Arms	<input type="checkbox"/> Legs	<input type="checkbox"/> Other
	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Contusion	<input type="checkbox"/> Break	<input type="checkbox"/> Burn	<input type="checkbox"/> Fatality	<input type="checkbox"/> Other
Sent to Hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach Release and Waiver with this report)					

Section 3 Property Damage

Owners Name:					
Address:					
City:		Province:		Postal Code:	
Phone (day):		Phone (evening):			
Property Description					
Damage & Description					

Section 4- Description of Incident

- Type of Incident Vehicle to Vehicle Vehicle to Object Vehicle to Person
 Spin Roll Trip/Fall
Check all that apply Course worker injury Mechanical Failure Pushing/Loading Vehicle
 Other

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"/> Gravel	<input type="checkbox"/> Ice or Snow	<input type="checkbox"/> Other
Course Situation:	<input type="checkbox"/> Hot Stage	<input type="checkbox"/> Cold Stage	<input type="checkbox"/> Transit
	<input type="checkbox"/> Other		
Emergency Equipment Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes check all that apply)		
	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Rescue Tools	<input type="checkbox"/> Fire Truck
	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Tow Truck	<input type="checkbox"/> Fire Extinguisher

Section 6 Report Submission

Report Submitted by:					
Position at Event:					
Address:					
City:		Province:		Postal Code:	
Phone (day):		Phone (evening):			
Signature:					
Date:	Day:	Month:	Year:		

**In the event of serious injury, Death or Dismemberment to anyone, call
Bill Westhead 1-604-765-8239 and
CARS 1-855-640-6444**

Email report immediately to CARS office@carsrally.ca

Mail the original of this report with the original waiver, signed by all of the injured parties who were sent to hospital, to the CARS office.