



MCC RACING INCIDENT REPORT

INCIDENT # (completed by office)	201		-	
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INCIDENT DETAILS					
LOCATION					
DATE (yyyy-mm-dd)		-		-	
TIME (hh:mm) 24 Hrs		:			
REPORTED TO MCC OFFICIAL					

Use additional sheets and attach, if needed

INCIDENT SUMMARY (Provide complete details overleaf)	
INDIVIDUALS INVOLVED (Name, phone, email, and addresses)	
Could MCC Concussion Code of Conduct/Protocol (Rowan's Law) apply (YES/NO)	
PERSONAL INJURY, IF ANY (If medically related, was person advised to seek medical attention)	
PROPERTY DAMAGE, IN ANY	
APPROXIMATE COST OF REPAIRS, SUBSTITUTE SERVICES OR DEGREE OF DAMAGE?	
DO YOU ANTICIPATE AN INTERRUPTION OF OPERATIONS?	
WHAT ACTIONS WERE TAKEN?	

WHAT FURTHER ACTIONS SHOULD BE TAKEN		
DATE COMPLETED		BY:

DETAILED DESCRIPTION OF THE INCIDENT (State only the facts that you are sure of at the time. Include a description of the weather, visibility, and any other external factors. Attach drawings, diagrams, and photographs if these will aid in the description. What was done to assist or respond to incident and by whom?)
DESCRIBE EMERGENCY SERVICES ENAGEMENT (IF APPLICABLE) (When and how, i.e., by 911 or other, what they did and list of names, numbers, and how to contact.)