DRIVER'S STATEMENT

TRACK: _____ DATE: _____ TIME: _____

LOCATION (Turn Nos.) : _____ RACE GROUP _____

Summary of the Facts…Include all Details (**Please Print Legibly**):

_____
_____
_____
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_____
_____

ACCIDENT INVOLVED	**WEATHER CONDITIONS**	**ACCIDENT SEVERITY**	**FLAG CONDITION**	**PERSONNEL INVOLVED**
O Competitor car(s) O Emergency Vehicle O Fixed Object O Spectator/Car O Other (Specify)	O Clear O Cloudy O Fog O Rain O Other (Specify)	O Injury O No. Injured ____ O Property O None of the Above	O No Flag (Green) O Yellow O Waving Yellow O White O Debris O Other (Specify)	O Driver(s) O Worker(s) O Team Crew(s) O Official(s) O Spectator(s) O Other (Specify)
TRACK SHOULDER	**TRACK TYPE**	**TRACK CONDITION**	**TRACK CHARACTER**	**OTHER LOCATIONS**
O Hard O Soft O Rough O Smooth O Ditch or Bank	O Blacktop O Concrete O Street O Airport O Other (Specify)	O Dry O Wet O Dirt/Gravel O Muddy O Oil	O Level O Up-Grade O Down-Grade O Hillcrest O Banked	O Paddock O Garage O Grid O Pit Lane O Other (Specify)

Racecars Involved:

CAR NO.: _____ CLASS: _____ COLOR: _____

CAR NO.: _____ CLASS: _____ COLOR: _____

CAR NO.: _____ CLASS: _____ COLOR: _____

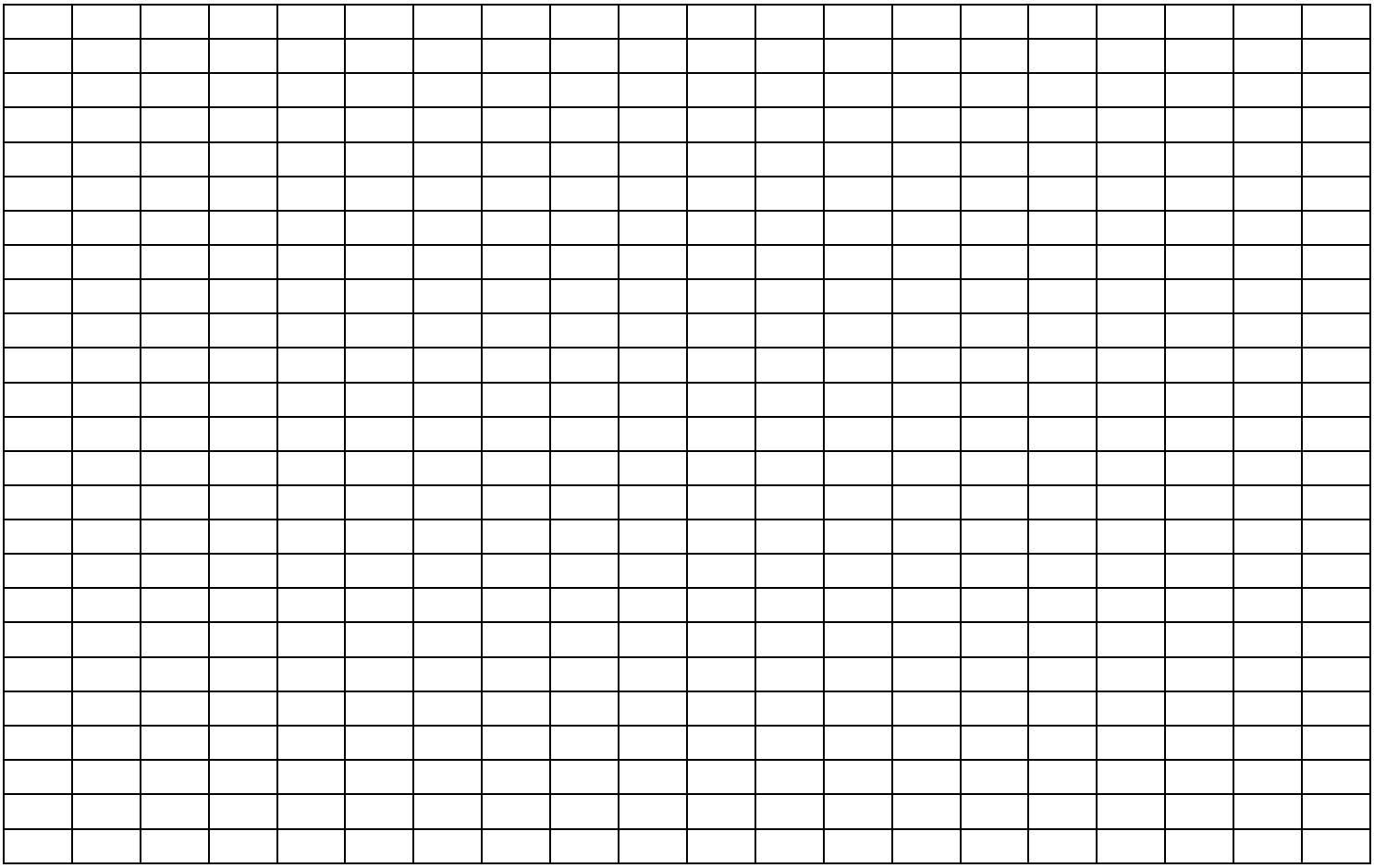
DRIVER SIGNATURE: _____ VSCDA MEMBER ( ) YES ( ) N0

PRINTED NAME: _____ How can we find you at the racetrack?

PHONE NO.: _____ E-MAIL: _____ _____

(Use the other side to diagram the incident or add additional comments) *Revised 02/03/2023*

DIAGRAM OF INCIDENT:



ADDITIONAL COMMENTS:

_____

_____

_____

_____

_____

DRIVER COMMITTEE FINDINGS:

_____

_____

_____

_____

_____

_____

_____

_____

Driver Committee Representative's Signature: _____ Date:_____

Driver Committee Representative' Name: _____