

International Soap Box Derby Report of Accident



PREPARATION OF ACCIDENT REPORT (Complete for all accidents occurring at a Local, Rally, or events.)

1. Prepare this **Report of Accident** immediately upon occurrence of any accident, injury and/or damage to property and submit to the International Soap Box Derby, Inc. Headquarters within forty-eight (48) hours. These forms may be submitted via e-mail to raceprograms@soapboxderby.org
2. Attach all available documents that will aid in review of the **Report of Accident** (i.e., statements of witness, local police reports, photographs, diagrams, etc.). If the injured person is a participant, attach the **original, signed registration form**.
3. The original **Report of Accident** and all supplemental documents should be completed and mailed within five (5) business days to:

International Soap Box Derby, Inc.
1000 George Washington Blvd.
Akron, Ohio 44312

<input type="text"/>	<input type="text"/>
Race Director	Race City Organization
<input type="text"/>	<input type="text"/>
Place of Accident (i.e., Rally Race, Local Race, Event)	Date of Accident
	<input type="text"/>
	Time of Accident
	<input type="text"/>

Type of Accident: Injury to Participant Injury to Volunteer Injury to Spectator Damage to Property

PERSONAL INJURY INFORMATION (Please use a separate form for each injured person.)

<input type="text"/>			
Full Name of Injured Person			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State/Province	Zip/Postal Code
<input type="text"/>	<input type="checkbox"/> Male	Injury required physician/hospital visit: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number	<input type="checkbox"/> Female	Division of Participant: <input type="checkbox"/> Stock <input type="checkbox"/> Super Stock <input type="checkbox"/> Masters	

PROPERTY DAMAGE INFORMATION

<input type="text"/>	<input type="text"/>
Full Name of Property Owner	Phone Number
<input type="text"/>	<input type="text"/>
Street Address	City
	<input type="text"/>
	State/Province
	<input type="text"/>
	Zip/Postal Code

WITNESSES

<input type="text"/>	<input type="text"/>
Full Name of First Witness	Phone Number
<input type="text"/>	<input type="text"/>
Street Address	City
	<input type="text"/>
	State/Province
	<input type="text"/>
	Zip/Postal Code

<input type="text"/>	<input type="text"/>
Full Name of Second Witness	Phone Number
<input type="text"/>	<input type="text"/>
Street Address	City
	<input type="text"/>
	State/Province
	<input type="text"/>
	Zip/Postal Code

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NARRATIVE

Give a full account of the accident. Please be as detailed as possible including the cause of the accident, how it happened, a description of any bodily injuries, and a full description of any property damage. Use a separate sheet if necessary.

SKETCH/DIAGRAM

Sketch the location of the accident. Show the arrangement of all objects involved in relation to the accident as well as the position and directions of any moving objects. Use a separate sheet if necessary.

REPORT OF ACCIDENT PREPARER'S INFORMATION

Full Name of Preparer	Title/Affiliation	Phone Number

Signature of Preparer

Today's Date