



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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SAFETY FIRE

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RACETRACK INCIDENT REPORT

TO: State Fire Marshal's Office
920 West Tower, Floyd Building
#2 Martin Luther King Jr. Drive
Atlanta, Georgia 30334

Date: _____

FROM: Name of Racetrack: _____
Address: _____
City: _____

Type of Accident/Fire _____ Time of Accident/Fire _____
Number of Persons Involved _____ Location of Accident/Fire _____
Number of Injuries _____ Fatalities _____
Burns _____

Brief description of cause of accident/fire: _____

Was the area in which the accident/fire occurred under the supervision of assigned track employees? Yes ___ No ___
If No, please explain: _____

This form shall be completed in duplicate. The original copy shall be forwarded to the address listed above. This form must be completed not more than 24 hours after the accident/fire occurs and a copy shall be filed with the senior fire official in charge.

Signature of Owner/Operator

INSTRUCTIONS: (Add additional information related to this accident/fire as necessary.)

- 1. A REPORT SHALL BE MADE OUT WHEN:
a) A fatality is experienced from any cause.
b) When a race car injures a spectator, racing official, participant, member of the assisting crew of a participant, employee of the track, or other person.
c) Any injury or fatality is caused by a failure of grandstands, guardrails, or fences.
d) Any injury or fatality is caused from panic.
2. A REPORT SHALL BE MADE OUT ON ANY FIRE WHICH OCCURS WITHIN THE BOUNDARIES OF THE RACETRACK. EXCEPTION: THIS FIRE REPORT EXCLUDES CARBURETOR FIRES, BRAKE FIRES AND ELECTRICAL FIRES THAT MAY INVOLVE RACE CARS WHICH DO NOT CREATE A HAZARD TO THE SPECTATORS.