



NBRA ACCIDENT REPORT

Date: _____ Location: _____ Body of Water: _____

The following report MUST be filled out and signed by a race official and sent to NBRA Office with race summary sheets, etc., within 7 days of the accident. The Executive Secretary will send copies to the VP of Competition and the Safety Director. All drivers involved in accidents, who end up in the water, MUST be seen by an EMT and cleared before returning to competition by the referee.

Driver involved: _____ **Boat #** _____ **Class:** _____ **Heat #:** _____
Lap #: _____ **Number of boats in heat:** _____

Weather Conditions: Clear: _____ Cloudy: _____ Rain: _____ Thunder: _____ Lightning: _____
Wind: Gusty _____ Light: _____ Heavy: _____ Across course: _____ Up front shoot: _____ Up back shoot: _____
Water: Smooth _____ Rough: _____ Waves: _____ Rollers: _____ Created **by:** Spectators: _____ Shore Line: _____ Weather: _____

Extent of injuries: _____

Seen by EMT: _____ At Ambulance: _____ In driver's pit: _____ Refused Treatment: _____
Taken to hospital by ambulance: _____ Private vehicle: _____ Other: _____ What? _____
If treatment refused, driver MUST sign here, acknowledging that he refused treatment:
Driver Name: _____ **Boat #:** _____
EMT Report obtained: _____ Doctors report obtained _____

Explanation of accident: _____

Does accident warrant further investigation: _____ If yes, by whom: _____

Signed by person taking report _____ Title _____

NBRA OFFICE USE ONLY: Claim submitted: _____ How much: _____ Paid: _____
Comments (use back of report if needed): _____
