

BMW CCA INCIDENT VERIFICATION FORM

Submit to BMW CCA National Office within 48 hrs. of
being provided to the participant or insurance carrier

Event: HPDE Auto-X Car Control Clinic Rally Tour Car Show Concours

Date and time of incident: _____ Chapter: _____

Track/Facility/Location: _____

Corner #/part of course: _____

Driver: _____ Passenger(s): _____

Vehicle Involved:

Make _____ Model _____ Year _____

Vehicle Modifications (check ALL that apply):

Suspension Brakes Engine Software Body

Extent of damage to the vehicle as it appears to the person filling out the form

Superficial Minor Moderate
 Major but repairable Total loss

Description of Result (check ALL that apply):

Hit a fixed object/ barrier (Armco, tree, curb, etc.) Hit another vehicle or pedestrian
 Rollover Slid off track/course Spin and Collect
 Drivable Required Tow

Chapter representative completing form: _____

Telephone: (____) _____ Best time to contact: _____

Email: _____

BMW Car Club of America
2350 Highway 101 South
Greer, SC 29651
Attn: Executive Director
Phone (864) 250-0022 / Fax (864) 250-0038
Or email all documents to: Incidents@bmwcca.org

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