

# COMPETITOR/SERVICE CREW INCIDENT FORM

## Property - Fence Damage / Vehicle Accident / Traffic Offence Notice

Following any incident all competitors, service crew or other members of your team must complete this form and hand it to the Competitor Relations Officer or Official in Charge at the next Regroup or Parc Fermé for transmission to the Clerk of the Course. Competitors and Service Crews please note that they should receive an acknowledgement from the Official to whom they hand this sheet.

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### NAME AND ADDRESS OF PERSON COMPLETING THIS FORM:

NAME: \_\_\_\_\_ CONTACT NUMBER FOR NEXT 24 HRS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPETITOR  SERVICE CREW  TEAM MEMBER  OTHER

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### PROPERTY-FENCE DAMAGE

PROPERTY-FENCE DAMAGE IS LOCATED: \_\_\_\_\_

\_\_\_\_\_ KMS FROM START OF SPECIAL STAGE NO \_\_\_\_\_ OR \_\_\_\_\_ KMS FROM START OF TC \_\_\_\_\_

BRIEF DESCRIPTION OF DAMAGE: \_\_\_\_\_

\_\_\_\_\_ VEHICLE REG NO \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LEG NO \_\_\_\_\_ STAGE NO \_\_\_\_\_

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### VEHICLE ACCIDENT - (Name and initials of driver(s) or the vehicle(s) concerned)

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

VEHICLE REG No: \_\_\_\_\_ VEHICLE REG No: \_\_\_\_\_

NAME AND ADDRESS OF ANY INDEPENDENT WITNESS:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

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WAS THERE ANY PERSONAL INJURY? YES/NO

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### TRAFFIC OFFENCE NOTICE - (Name and initials of driver(s) or the vehicle(s) concerned)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

VEHICLE REG No: \_\_\_\_\_

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RECEIVED BY: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

