

POST CHIEFS' REPORT



Circuit: Post:

Qualifying / Race No: Date: / /

Formula / Type: Time of Incident: : Time of Report: :

- | | | | | | |
|-----------------------------------|----------------------------------|-------------------------------|-------------------------------|------------------------------|------------------------------|
| Weather Conditions: | | Track Conditions: | | Incident Radioed: | Major Incident Form: |
| <input type="checkbox"/> Sunny | <input type="checkbox"/> Drizzle | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Overcast | <input type="checkbox"/> Rain | <input type="checkbox"/> Damp | <input type="checkbox"/> Oily | <input type="checkbox"/> No | <input type="checkbox"/> No |

FLAG INFRINGEMENT: Car Number: Overtook Car:

Between the Flag(s) Displayed at Post: and the Flag(s) displayed at Post:

2xWaved	Waved	Stationary		2xWaved	Waved	Stationary	
<input type="checkbox"/>	<input type="checkbox"/>	n/a	Yellow	<input type="checkbox"/>	<input type="checkbox"/>	n/a	Yellow
<input type="checkbox"/>	<input type="checkbox"/>	n/a	Yellow + SC board	<input type="checkbox"/>	<input type="checkbox"/>	n/a	Yellow + SC board
n/a	<input type="checkbox"/>	n/a	Red	n/a	<input type="checkbox"/>	n/a	Red
n/a	<input type="checkbox"/>	n/a	Green <small>(after SC period, before start line)</small>	n/a	<input type="checkbox"/>	n/a	Green
n/a	<input type="checkbox"/>	<input type="checkbox"/>	Code 60 (Purple)	n/a	<input type="checkbox"/>	<input type="checkbox"/>	Code 60 (Purple)

- Please if any of the following statements apply:
- The overtaken driver signalled the overtaking driver to pass
 - There appeared to be a great speed differential between the two cars
 - The flag signals had been displayed for seconds*/minutes* prior to overtaking occurring.
 - Marshals were working trackside (over the barriers) when this incident occurred * Delete as appropriate

CONTACT BETWEEN: Car Number: & Car Number:

- Contact Area:**
- Side to Side
 - Nose to Tail
 - Nose into Side
- Did contact occur because a car appeared to lose control?**
- Yes - Which Car Number:
- Did contact cause a car to leave the circuit?**
- Yes - Spun Continued into Barrier into Gravel

Follow-up action Required:

No Yes - Straight Tow Suspended Lift Other -

OTHER INCIDENT: Car Number: & Car Number:

- Please if any of the following statements apply:
- Exceeded Track Limits (list numbers & times below if necessary)
 - Missed the chicane/complex
 - Moved across the circuit more than once (weaving) preventing other car moving alongside

EXTRA WRITTEN INFORMATION

Now please include a sketch of the incident on the reverse of this form.

Post Chiefs' Name: Signature:

Witness Name: Signature:

Follow-up Action – Post informed of outcome at: (time) :

POST CHIEFS' REPORT (continued)



DIAGRAM OF INCIDENT:

Post Chiefs' Name:

Signature:

Witness Name:

Signature:

Follow-up Action – Post informed of outcome at: (time)

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