

# Incident Report

Competitor Name

Complete this form if you  
crash, damage your vehicle, damage someone else's vehicle or property,  
injure anyone on your team or crew, or anyone else.

Date \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Time \_\_\_\_\_ AM / PM (circle)

Location  Stage      Stage # / Mileage or exact location:  
 Transit  
 Service  
 Other

List other witnesses by name or car number:

Describe incident:

Was anyone injured?  Yes  
 No  
Was any property damaged?  Yes      (including other vehicles)  
 No

If either is yes, list injuries/damage:

Signature \_\_\_\_\_

**Cut or tear here and give bottom part to competitor**

(To be completed by a rally official) I confirm receipt of this Incident Report  
and will deliver it to Rally Headquarters.

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_ Time \_\_\_\_\_

