POST CHIEF’S REPORT

Circuit: _____________________________ Post: _____________________________

Qualifying / Race No: _____________________________ Date: __/__/____

Formula / Type: _____________________________ Time of Incident: __/__/____

Time of Report: __/__/____

Weather Conditions: 

☐ Sunny ☐ Drizzle ☐ Overcast ☐ Rain ☐ Rain

Track Conditions: 

☐ Dry ☐ Wet ☐ Damp ☐ Oily ☐ Wet

Incident Radioed: ☐ Yes ☐ No

Serious Incident Form: ☐ Yes ☐ 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

☐ ☐ n/a Yellow ☐ ☐ n/a Yellow

☐ ☐ n/a Yellow + SC board ☐ ☐ n/a Yellow + SC board

☐ ☐ n/a Red ☐ ☐ n/a Red

☐ ☐ n/a Green ☐ ☐ n/a Green

☐ ☐ n/a Code 60 (Purple) ☐ ☐ n/a 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: Did contact occur because a car appeared to lose control?

☐ Side to Side ☐ Yes - Which Car Number: ___________

☐ Nose to Tail ☐ No

☐ Nose into Side 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) __: __

2019 Version
POST CHIEF’S REPORT (continued)

DIAGRAM OF INCIDENT:

Post Chiefs’ Name: ____________________________  Signature: ..............................................

Witness Name: _______________________________  Signature: ..............................................

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