SUPERCARS

F5. TEAM REQUEST FOR INCIDENT REVIEW

Event/Round # _____ Event Name _____

Circuit _____ Date of incident _____

Session No. _____ Other _____

As the Authorised Representative of (Competitor Name) _____,

I herein request the RD/DRD to investigate into an incident between Car number _____ entered by the above named Competitor and Car/s number/s _____ that occurred during:

☐ Practice ☐ Qualifying ☐ Warm Up ☐ Race *(check one)*

The incident took place at approximately _____ ☐ AM ☐ PM during lap number _____

Provide a brief description and diagram of the Incident including details of the position on the Circuit in which the Incident occurred.

Diagram of the Incident

Signed _____ Time accepted by the RD/DRD _____

Name _____ RD/DRD's Signature _____

Contact Number _____ Name _____

This form must be submitted in accordance with the Rules, but never later than 30 minutes after the display of the chequered flag to the leading Car of the race, or 30 minutes from the end of the Session in which the Incident occurred.

SUBMIT

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