# INFRACTION FORM

| | | |
|---|---|---|
| Capt. Reporting: | Team Name: | Team #: |
| Location of Violation: | | Time: |
| Protest Against: | | |
| | | |
| Team Name: | | Tam # |
| | | |
| Vehicle Description: | | License |
| | | |
| | | |
| | | |
| Violation Observed: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Witnesses: | | |
| | | |

***Make several copies of this form and distribute them to your Team Drivers.***

***When there is an "INCIDENT", have the complainant fill in as much of the information as possible. Submit the completed Form to the RACE DIRECTOR at the Finish Line or to the OIC at any stage.***