

# JUDGE OF FACT REPORT

EVENT .....

DATE .....

YOUR LOCATION .....

State below full details of the incident that occurred requiring the completion of this report, please ensure you state:

- Competitor's Number, or Service / Management vehicle registration Number;
- Location, map reference, junction number etc;
- Time of incident;
- Full details of events leading to the incident.

Your Name:

Signature:

Address:

Home Telephone Number:

Work Telephone Number:

Mobile Telephone Number:

**Please hand in to Rally HQ or senior official, as soon as possible**