SCCA CLUB RACING

WITNESS STATEMENT

Reference No. ☐

NAME: _____ MEMBER # _____ NON-MEMBER ☐

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: WK (____) _____ HM (____) _____

STATUS AT EVENT: _____ TYPE OF LICENSE: _____

TRACK: _____ CAR # _____ CLASS _____ COLOR _____

TURN #: ____ FLAG CONDITION: _____ CAR # _____ CLASS _____ COLOR _____

DATE: _____ TIME OF DAY: _____ CAR # _____ CLASS _____ COLOR _____

NAME THE INCIDENT/ACTION/PROTEST TO WHICH THIS RELATES: _____

PLEASE PRINT **LEGIBLY** ---SUMMARY OF THE FACTS: (PLEASE INCLUDE **ALL** DETAILS)

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(Use other side for additional information, maps or diagrams)

WITNESS SIGN/PRINT: _____ DATE: _____

DIAGRAM OF INCIDENT

ADDITIONAL COMMENTS: