

CONFEDERATION OF AUTOSPORT CAR CLUBS



CACC Track Report

INSTRUCTIONS:

- . Please PRINT in INK in all sections or note as N/A as not applicable and sign below.
- 2. Attach additional sheets as necessary to complete report.
- 3. In case of injury or fatality, obtain as many written eyewitness reports as possible, including name, address and contact numbers of the eyewitnesses. Attach eyewitness reports to this form.

Facility Name					Facility Location			
Date of Incident					Time of Incident			
eason for repor	t: 🗌 Acc	eident 🗌 C	ontact	Pass Unde	er Yellow Fla	g 🗌 Other		
] Senior \square N	ovice 🔲	ow 🗌 cv	W1 □ CW	√2	ntage 🔲 Kaı	rt 🗌 TA 🗌 Ice 🗌 Solo	Other	
rovide a Full	Descript	tion of the	Incident	Includin	g Car Num	bers and Names of Vo	lunteers and O	fficials
Provide a Sketch of the Incident							XX/E A /EXTED	CONDITIONS
						FLAG STATUS	WEATHER _	CONDITIONS
SHOW NORTH						Green	Clear	☐ Dry
NORTH						Yellow	Cloudy	☐ Wet
						☐ Waving yellow	Fog	☐ Oil
						☐ Yellow&White	Rain	Gravel
						Surface	Other (specify)	Other (specify
						Other (specify)		
						ACCIDENT INVOLVED	ACCIDENT SEVERITY	PERSONNEL INVOLVED
						Race car(s)	☐ Injury	☐ Driver(s)
						☐ Safety Vehicle(s)	☐ Property	☐ Volunteer(s)
						Fixed object	□Fatal	Crew
						Spectator	#Injured	Official(s)
						Other (specify)	#Fatal	☐ Spectators
			1					