

NATAL OFF ROAD MOTOR CLUB



P.O. BOX 101399
Scottsville
3209

Tel: 083-259-3806
E-MAIL: normc@sai.co.za

“STUCK STUB”

N.B.

Please make use of this form ONLY if you are unable to move your car and there is definitely no possibility of your continuing to race or making your own way to the next marshal point or road crossing.

COMPETITION NO. DRIVER'S NAME:

APPROXIMATE POSITION ON ROUTE:

(QUOTE ROUTE SCHEDULE FRAME NUMBER IF POSSIBLE):

REASON FOR BREAKDOWN:

ANY INJURIES AND, IF SO, DO YOU REQUIRE MEDICAL ASSISTANCE?

NATURE OF INJURIES:

INFORMATION TO BE CONVEYED TO SERVICE CREW OR OFFICIALS:

HAND THIS FORM TO THE NEXT COMPETITOR, WHO WILL GIVE IT TO THE NEAREST MARSHAL IN RADIO CONTACT WITH RACE CONTROL.