

# NATAL OFF ROAD MOTOR CLUB



P.O. BOX 101399  
Scottsville  
3209

TEL: 033-396 5992  
FAX: 086-617 7222  
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/bike 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.

\_\_\_\_\_