



POST EVENT REPORT

Version 2014

To be completed by the Region Event Chair for all events which require insurance. This form is to be submitted to the PCA Safety Chair within five (5) business days of the event.

Event Date(s): _____ Event Location: _____

Type of Event: DRIVER'S ED AUTOCROSS RALLY TOUR TIME TRIAL TECH SESSION

Other: _____

Region: _____

Event Chair: _____ Event Chair Email: _____

Event Safety Chair: _____ Safety Chair Email: _____

Please review PCA Guidelines for Observer, Post Event and Incident Reports page 159, 2013 Region Procedures Manual.

 Also available online at pca.org under "Regions/Forms & Documents/ Event Management."

Please provide the name and contact information for the person designated to complete the Observer's Report:

Name: _____ Email: _____

Were there any incidents which would require the filing of an incident report? YES NO

If yes, how many incidents occurred at the event? _____

Were there any incidents which involved bodily injury? YES NO

If yes, an incident report must be submitted on the next business day.

Who will be responsible for filing the incident report(s)?

Name: _____ Email: _____

SUBMIT THIS REPORT WITHIN FIVE DAYS OF THE EVENT TO:

**Jo Martin
PCA SAFETY CHAIR
safety@pca.org**