

**FORM 3 – ACCIDENT REPORT FORM**

PLEASE USE ONE FORM PER DRIVER

Please consult Driver if possible

|  |  |  |  |
| --- | --- | --- | --- |
| **CHIEF STEWARD** | **LIC. NO.** | **CLUB** | **DATE** |
|  |  | PORT PIRIE |  |

|  |
| --- |
| **TIME:**   **AM**   **PM**   **DAY**   **NIGHT** |

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS** | **KART NO.** | **DRIVER NAME** | **LIC. NO.** |
|  |  |  |  |

|  |
| --- |
| **DETAILS OF INCIDENT** |
|  |

|  |  |
| --- | --- |
| **CHIEF STEWARDS SIGNATURE** |  |

|  |
| --- |
| **KART CONTACT TYPE**  (Please tick any appropriate) |
| ROLL OVER  SINGLE KART  WHEEL TO WHEEL  T-BONE  SIDE TO SIDE  FRONT TO REAR   |  | | --- | | **RACE CONDITIONS AT INCIDENT**  (Please tick any appropriate) | | WET  GOOD TO FAIR  DRY TO DUSTY  ROUGH OR RUTTED  BLACK | |

|  |  |  |  |
| --- | --- | --- | --- |
| **NATURE OF INJURY** (EG Ribs, Arm, Foot etc.) | **MEDICAL ATTENDEE** | **CLEARANCE** | **TIME CLEARED** |
|  |  | CLEARED  NOT CLEARED |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DIRECTION OF RACING** | **LAP NO.** | **NO. of KARTS INVOLVED** | **NO OF KARTS IN RACE** |
| CLOCKWISE  ANTI-CLOCKWISE |  |  |  |

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTING FACTORS OF INCIDENT** (Please tick any appropriate) | | |
| WET SECTION OF TRACK  DRY SECTION OF TRACK  ROUGH TRACK  CONTACT OUTSIDE BARRIER/FENCE | CONTACT WINDROW  SAND TRAP/RUN OFF AREA  SUN/POOR VISION  POOR LIGHTING | LIMITED PASSING OPPORTUNITIES  DRIVER ERROR  DRIVER EDUCATION  PENALTY GIVEN |

|  |
| --- |
| **MAP OF WHERE THE ACCIDENT/INCIDENT OCCURRED ON THE TRACK** |
| USE THIS STAR TO INDICATE POSITION FOR ELECTRONIC ENTRY |

**NOTE: If submitting electronically this form must be retained by the club for a minimum of 7 years.**