



AUSTRALIAN INDEPENDENT DIRT KART ASSOCIATION INC.

### FORM 3 – ACCIDENT REPORT FORM

PLEASE USE ONE FORM PER DRIVER

Please consult Driver if possible

| CHIEF STEWARD | LIC. NO. | CLUB        | DATE |
|---------------|----------|-------------|------|
|               |          | BLANCHETOWN |      |

TIME:  AM  PM  DAY  NIGHT

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

| NATURE OF INJURY (EG Ribs, Arm, Foot etc.) | MEDICAL ATTENDEE | CLEARANCE   | TIME CLEARED |
|--|------------------|---|--------------|
|  |                  | <input type="checkbox"/> CLEARED <input type="checkbox"/> NOT CLEARED |              |

| DIRECTION OF RACING  | LAP NO. | NO. of KARTS INVOLVED | NO OF KARTS IN RACE |
|--|---------|-----------------------|---------------------|
| <input type="checkbox"/> CLOCKWISE <input type="checkbox"/> ANTI-CLOCKWISE |         |                       |                     |

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

| KART CONTACT TYPE<br>(Please tick any appropriate) |
|--|
| <input type="checkbox"/> ROLL OVER                 |
| <input type="checkbox"/> SINGLE KART               |
| <input type="checkbox"/> WHEEL TO WHEEL            |
| <input type="checkbox"/> T-BONE                    |
| <input type="checkbox"/> SIDE TO SIDE              |
| <input type="checkbox"/> FRONT TO REAR             |

  

| RACE CONDITIONS AT INCIDENT<br>(Please tick any appropriate) |
|--|
| <input type="checkbox"/> WET                                 |
| <input type="checkbox"/> GOOD TO FAIR                        |
| <input type="checkbox"/> DRY TO DUSTY                        |
| <input type="checkbox"/> ROUGH OR RUTTED                     |
| <input type="checkbox"/> BLACK                               |

| MAP OF WHERE THE ACCIDENT/INCIDENT OCCURRED ON THE TRACK  |
|---|
| <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;">  <p>USE THIS STAR TO INDICATE POSITION FOR ELECTRONIC ENTRY</p> </div>  </div> |

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

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

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