



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 |
|---------------|----------|-----------|------|
| | | BUSSELTON | |

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
(Please tick any appropriate)

ROLL OVER

SINGLE KART

WHEEL TO WHEEL

T-BONE

SIDE TO SIDE

FRONT TO REAR

MAP OF WHERE THE ACCIDENT/INCIDENT OCCURRED ON THE TRACK

USE THIS STAR TO INDICATE POSITION FOR ELECTRONIC ENTRY

RACE CONDITIONS AT INCIDENT
(Please tick any appropriate)

WET

GOOD TO FAIR

DRY TO DUSTY

ROUGH OR RUTTED

BLACK

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.