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## FORM 3 – ACCIDENT REPORT FORM

PLEASE USE ONE FORM PER DRIVER Please consult Driver if possible

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CHIEF STEWARD	LIC. NO.	CLUB	DATE
		GREAT SOUTHERN	

۲ _	TIME:			] PM			
CLASS	KART NO.		DRIVER NAME			LIC. NO.	
NATURE OF INJURY (EG Ribs, Arm, Foot etc.)		tc.)	MEDICAL ATTENDEE		CLEARANCE		TIME CLEARED
					CLEARED NOT	CLEARED	
DIRECTION OF RA	CING		LAP NO.	NO. of KARTS INVOLVED		NO OF KARTS IN RACE	
	-CLOCKWISE						

DETAILS OF	KART CONTACT TYPE (Please tick any appropriate)					
		SINGLE KART				
		U WHEEL TO WHEEL				
		T-BONE				
		SIDE TO SIDE				
		G FRONT TO REAR				
MAP OF WHERE THE ACCIDENT/IN WE THIS STAR TO INDICATE POSITION FOR ELECTRONIC ENTRY		INCIDENT (Please tick any appropriate) UWET GOOD TO FAIR DRY TO DUSTY ROUGH OR RUTTED BLACK				
	CONTRIBUTING FACTORS OF INCIDENT (Please tick any appropriate)					
	SAND TRAP/RUN OFF AREA					
CONTACT OUTSIDE BARRIER/FENCE		PENALTY GIVEN				
CHIEF STEWARDS SIGNATURE						

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