



# FORM 3 – ACCIDENT REPORT FORM

PLEASE USE ONE FORM PER DRIVER

Please consult Driver if possible

CHIEF STEWARD	LIC. NO.	CLUB	DATE
		LOXTON	

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**

**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.