

## **FORM 3 – ACCIDENT REPORT FORM**

PLEASE USE ONE FORM PER DRIVER
Please consult Driver if possible

CHIEF STEWARD		LIC. NO.		CLUB				DATE	
				MORGAN					
						1 MICHT	]		
TIME:						J NIGHT			
CLASS	CLASS KART NO.		DRIVER NAME				LIC. NO.		
NATURE OF INJURY (EG Ribs, Arm, Foot et		Foot etc.)	) MEDICAL ATTENDEE		CI	CLEARANCE		TIME CLEARED	
			CLEARE		D D NOT	CLEARED			
DIRECTION OF RACING			LAP NO. NO. of KARTS INV		/OLVED	ED NO OF KARTS IN RACE			
☐ CLOCKWISE ☐ ANTI-CLOCKWISE									
DETAILS OF INCIDENT									
DETAILS OF INC			CIDENT	DENT			(Please tick any approp		
							□ 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			
THE THE ACCIDENT/INCIDENT OCCURRED ON THE HACK							INCIDENT (Please tick any		
USE THIS							(Please tick any appropriate)		
STAR TO INDICATE							□ WET		
POSITION FOR							☐ GOOD TO FAIR		
ELECTRONIC ENTRY							☐ DRY TO DUSTY		
							☐ ROUGH OR RUTTED		
CONTRIBUTING FACTORS OF INCIDENT (Please tick any ag							BLACK ropriate)		
							MITED PASSING OPPORTUNITIES		
_			SAND TRAP/R					. OKTOWINES	
□ ROUGH TRACK □ SUN/POOR VISI						☐ DRIVER EDUCATION			
						PENALTY GIVEN			
CHIEF STEWARDS SIGNATURE									