



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
		TOP END	

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)
<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

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>

RACE CONDITIONS AT INCIDENT (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

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

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