



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
		DIRT TRACKERS	

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.