

## FORM 3 – ACCIDENT REPORT FORM

PLEASE USE ONE FORM PER DRIVER

Please consult Driver if possible

CHIEF STEWARD	LIC. NO.	CLUB	DATE
		SUNRAYSLIA	

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

### RACE CONDITIONS AT INCIDENT

(Please tick any appropriate)

☐ WET

☐ GOOD TO FAIR

☐ DRY TO DUSTY

☐ ROUGH OR RUTTED

☐ BLACK

### MAP OF WHERE THE ACCIDENT/INCIDENT OCCURRED ON THE TRACK



USE THIS STAR TO INDICATE POSITION FOR ELECTRONIC ENTRY



### CONTRIBUTING FACTORS OF INCIDENT (Please tick any appropriate)

☐ WET SECTION OF TRACK

☐ DRY SECTION OF TRACK

☐ ROUGH TRACK

☐ CONTACT OUTSIDE BARRIER/FENCE

☐ CONTACT WINDROW

☐ SAND TRAP/RUN OFF AREA

☐ SUN/POOR VISION

☐ POOR LIGHTING

☐ LIMITED PASSING OPPORTUNITIES

☐ DRIVER ERROR

☐ DRIVER EDUCATION

☐ PENALTY GIVEN

CHIEF STEWARDS SIGNATURE

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