

**FORM 3 – ACCIDENT REPORT FORM**

PLEASE USE ONE FORM PER DRIVER

Please consult Driver if possible

|  |  |  |  |
| --- | --- | --- | --- |
| **CHIEF STEWARD** | **LIC. NO.** | **CLUB** | **DATE** |
|  |  | BUSSELTON |  |

|  |
| --- |
| **TIME:**  [ ]  **AM**  [ ]  **PM**  [ ]  **DAY**  [ ]  **NIGHT** |

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS** | **KART NO.** | **DRIVER NAME** | **LIC. NO.** |
|  |  |  |  |

|  |
| --- |
| **DETAILS OF INCIDENT** |
|  |

|  |  |
| --- | --- |
| **CHIEF STEWARDS SIGNATURE** |  |

|  |
| --- |
| **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 |

 |

|  |  |  |  |
| --- | --- | --- | --- |
| **NATURE OF INJURY** (EG Ribs, Arm, Foot etc.) | **MEDICAL ATTENDEE** | **CLEARANCE** | **TIME CLEARED** |
|  |  | [ ] CLEARED [ ]  NOT CLEARED |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DIRECTION OF RACING** | **LAP NO.** | **NO. of KARTS INVOLVED** | **NO OF KARTS IN RACE** |
| [ ]  CLOCKWISE [ ]  ANTI-CLOCKWISE |  |  |  |

|  |
| --- |
| **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 |

|  |
| --- |
| **MAP OF WHERE THE ACCIDENT/INCIDENT OCCURRED ON THE TRACK** |
|  USE THIS STAR TO INDICATE POSITION FOR ELECTRONIC ENTRY |

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