



# FORM 3 – ACCIDENT REPORT FORM

PLEASE USE ONE FORM PER DRIVER

Please consult Driver if possible

| CHIEF STEWARD | LIC. NO. | CLUB           | DATE |
|---------------|----------|----------------|------|
|               |          | GREAT SOUTHERN |      |

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.