FORM 3 - ACCIDENT REPORT FORM

(Version 01/02/2026)

PLEASE USE ONE FORM PER DRIVER and consult Driver if possible.

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

CHIEF STEWARD	LIC. NO.	CLUB	DATE
		LUCINDALE	

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
		☐ CLEARED ☐ NOT CLEARED	

DIRECTION OF RACING	LAP NO.	NO. of KARTS INVOLVED	NO OF KARTS IN RACE
☐ CLOCKWISE ☐ 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	☐ CONTACT WINDROW	☐ LIMITED PASSING OPPORTUNITIES
☐ DRY SECTION OF TRACK	☐ SAND TRAP/RUN OFF AREA	☐ DRIVER ERROR
☐ ROUGH TRACK	☐ SUN/POOR VISION	☐ DRIVER EDUCATION
☐ CONTACT OUTSIDE BARRIER/FENCE	☐ POOR LIGHTING	☐ PENALTY GIVEN

CHIEF STEWARDS SIGNATURE	