

TASMANIAN RISK MANAGEMENT FUND

Departmental Motor Vehicle Accident Notification Form

Return to Marsh PTY LTD PO BOX 1247, Launceston 7250 PH 6333 3200 Fax 6333 3270

Additional Copies TO:

Agency

Agency Name			
Agency Contact			
Phone Number			

Responsible Officer/Custodian of Vehicle

Name			
Position Title			
Branch			
Division			
Phone number	Work		Home
	Mobile		Email
Vehicle Type	<input type="checkbox"/> Pool/Branch Use <input type="checkbox"/> Dedicated Driver		

Driver

<input type="checkbox"/> Employee <input type="checkbox"/> Family member <input type="checkbox"/> Other:Specify			
Name			
Position Title			
Branch			
Division			
Home Address		State	Postcode
Phone number	Work	Home	
	Mobile	Email	
Date of Birth		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Licence Number		Class	Expiry Date
Driving Experience (years)		What restrictions, if any, on licence?	
Has the driver attended an agency sponsored driver training course within the last two years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the driver consume any alcohol or take any drugs 12 hours prior to the accident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state what was taken, how much and when?			
Did the driver undergo a breath or blood test following the accident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state the result			

Government/Agency Vehicle Details

Make of vehicle		Year		Model	
Registration No		Colour		<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	
Vehicle KM reading				<input type="checkbox"/> 2WD <input type="checkbox"/> 4WD	

Other Vehicle Details (if applicable)

Driver				
Address		State		Postcode
Phone number		Date of Birth		
Registered operator		Phone number		
Address		State		Postcode
Licence Number		Class		Expiry Date
Make of vehicle		Year		Model
Registration No		Colour		
Insurance Company				

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Damage to other Vehicle/Property

Area of damage			

Witness to accident

Name			
Address		State	Postcode
Phone number		Age	

8 Accident Details

Date		Time		<input type="checkbox"/> AM	<input type="checkbox"/> PM
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Where did it occur? _____

Was the driver familiar with the area? Yes NO

Was the accident in a? Built up Area Rural Area Other:Specify _____

What was the distance travelled (kms)before the accident? _____

How many hours had the driver been at work or on duty at the time of the accident? _____

Use of vehicle at time of accident? Private Business Parked

What was the purpose of the journey? _____

What speed were the vehicles doing at the time of the accident?	Your Veh		kph	Other Veh		kph

What signals were given by (a) You? _____

(b) other driver? _____

What lights were illuminated on (a) Your Vehicle ? _____

(b) other vehicle? _____

Was the accident at a controlled intersection? Yes NO

If at lights were they Green Amber Red **state which and if against:**

(a) you _____

(b) other driver _____

If at a stop, give way or slow sign state which and if against:

(a) you _____

(b) other driver _____

What was the condition of: (a) Weather Rain Fine Other _____

(b) Road Good Rough Dry Wet Bitumen Gravel Other _____

If wet were the windscreen wipers operating? Yes NO

Was the driver using a mobile phone at the time of the accident? Yes NO

Did the Ambulance attend the accident? Yes NO

Did Police attend the accident? Yes NO **If no, was the accident reported to Police?** Yes NO

If yes, which Police station? _____

Who do the Police consider was at fault for the accident? _____

PLEASE ATTACH A COPY OF THE POLICE REPORT

Were You Injured ? Yes NO

If Yes state the nature of the injuries _____

Was there any damage on your vehicle prior to the accident? Yes NO

If Yes, please give details

Description of Accident
