Motor Vehicle Accident Notification Form

Return To: Financial Services, Locked Bag 1353, Launceston Tas 7250

Additional Copies TO:

Budget Centre

Phone Number

Responsible Officer/Custodian of Vehicle

Name
Position Title
Facility

Phone number
Work
Home
Mobile
Email

Vehicle Type
☐ Pool/Branch Use
☐ Dedicated Driver

Driver

☐ Employee
☐ Family member
☐ Other: Specify

Name
Position Title
Facility

Home Address

State
Postcode

Phone number
Work
Home
Mobile
Email

Date of Birth
Sex
☐ Male
☐ 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?
☐ Yes
☐ No

Did the driver consume any alcohol or take any drugs 12 hours prior to the accident?
☐ Yes
☐ No

If Yes, please state what was taken, how much and when?

Did the driver undergo a breath or blood test following the accident?
☐ Yes
☐ No

If Yes, please state the result

Budget Centre Vehicle Details

Make of vehicle
Year
Model

Registration No
Colour

Vehicle KM reading

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
## Damage to other Vehicle/Property

Area of damage

## Witness to accident

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Phone number</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## 8 Accident Details

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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 (km) 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 windscreens 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**

<table>
<thead>
<tr>
<th>Were You Injured?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes state the nature of the injuries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was there any damage on your vehicle prior to the accident?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, please give details</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Accident**
Motor Vehicle Accident Notification Form

Who do you consider was at fault and why?

Please indicate on the diagram the area of accident damage to your vehicle by ticking the Check boxes □

Legend  [ ] Stop Sign  ◆ Traffic lights  ▼ Give Way Sign  1 = Your Vehicle  2 = Other Vehicle

Sketch a diagram of the accident

This information is to the very best of my knowledge and belief, true in every respect

<table>
<thead>
<tr>
<th>Signature of Driver</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Responsible Officer/Custodian</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Authorised Manager</td>
<td>Date</td>
</tr>
</tbody>
</table>