## Motor vehicle Accident Report Form

Vehicle damage and accidents must be reported within 48 Hours of the Accident.

A completed report form must be forwarded to the Vehicle Fleet Supervisor, Estate Office at <a href="mailto:vehicles@jcu.edu.au">vehicles@jcu.edu.au</a> Phone: 478 14120

1. Company Name				
James Cook University		Policy No	MSL015175873	
JOJ Directorate / Department				
2. Driver Details				
Surname		Given Name		
Occupation		Telephone No. (Work)		
Licence No (attach copy)	Expiry Date	Date of Birth	Age	
	/ /	/ /		
Was the Driver a paid employee of JOU?			No	Yes
Was the Driver driving with the knowledge and consent of JOU?			No	Yes
If not employed by JCU, state the				
Has the Driver ever been convicted of any t	raffic offence or had t	heir licence suspend	ed?	
No Yes If Yes, please provide deta	ils.	·		
	<del></del>			

Had the Driver consumed any intoxicating liquor or taken any drugs du

4.a. Third Party Details The other driver/vehicle			
Drives Name	Telephone No.		
Address			
7 Add GCC	State	Post Code	
Owners Name	Telephone N		
Ownershame	relephone iv	0.	
Address			
Address			
	State	Post Code	
Name of Insurance Company	Policy Numb	er	
Type of insurance			
Licence No. Date of Birth			
Vehicle Type			
Tolling of Type			
Vehicle Make Vehicle Model			
Verilide Make Verilide Model			
Provide a description of the damage to vehicle (* if more than one	e vehicle involve	d attach details).	
Was any part of the vehicle in a damaged condition prior to the a	ccident? If so, gi	ve details.	
	, <u>0</u>		

4.b.

5. Accident Details
Date of Accident Time of Accident
/ / am / pm
What was the place of the accident?
Street State Post Code
What was the estimated speed at the time of the accident?
JOJ Vehide Other Vehide
What lamps were alight on the JCU Vehicle? Turn Signal - Brakelights - Headlights - Parkers
What lamps were alight on the other Vehicle? Turn Sgnal - Brakelights - Headlights - Parkers
Was the JCU vehicle on the correct side of the road? No Yes
Were all traffic regulations observed? No Yes
If after sundown, was the scene of the accident well lit?
What were the weather conditions? Sunny - Overcast - Night - Rain
What were the road conditions? Wet - Dry - Rough
Describe accident circumstances
Please draw a PLAN OF ROADWAY where the accident happened.
1. Name the Greets
Indicate line or lane markings
3. Show Give Way or Stop Signs
4. Show Traffic control Lights
5. Indicate direction with arrows
6. Indicate Distances
7. Indicate Speeds
8. Show positions of vehicles and witnesses
9. Show JCU vehicle
10. Show other vehicle

11.