

NON POLICE ATTENDED CRASH REPORT



Information used to record crashes for road safety statistics, investigations and prioritisation for safety improvement works by Council.

Date of Accident: _____ Time: _____ am/pm

Road Name: _____

Location (Direction and distance from side road, bridge etc): _____

Vehicle No 1 Car / Van Truck Bus Motorcycle Cyclist

Pedestrian Other

Comment on Other

Vehicle No 2 Car / Van Truck Bus Motorcycle Cyclist

Pedestrian Other

Comment on Other

Road Conditions Wet Dry Ice Oil/Diesel Stock Effluent

Light Conditions Bright Overcast Twilight Night

Weather Fine Fog Light Rain Heavy Rain Snow

Wind Calm Light Strong

Injury Details None Minor

(Describe nature of injury)

Description of Accident

(Describe factors eg speed, driver fault, road fault etc)

Crash Diagram

Name of Reporter: _____

Address: _____

Phone/Email: _____ Signed: _____

Note: This information is to allow Council to contact the Reporter to confirm incident details – information is treated confidentially and not shared with Police or Insurance Agencies.

ROAD SAFETY AUDIT 2009



Information used for engineering investigations into potential accident and road safety issues, and will identify and prioritise possible improvement works.

Road Name: _____

Location: _____
(Distance and direction from intersection, numbered entrance, labelled culvert, bridge etc)

Describe the issue: (Use space below for a diagram if desired)
eg unprotected steep bank, obscured visibility, unmarked tight corner, overhanging trees, trip hazard on footpath etc

Include: Road name, distance to locating feature, extent and nature of road safety issue.

Do you wish to be advised of the outcome of the investigation: YES

Contact Details: (Used for contact to discuss issue)

Name: _____

Address: _____

Phone: _____

Email: _____