

Road Accident Report

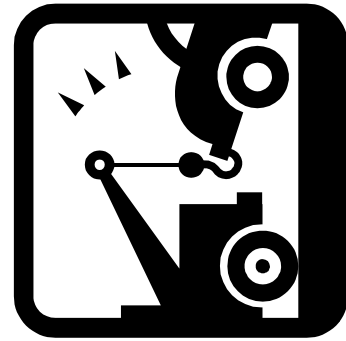
Please provide as much information as possible. This will help us to identify problem areas on roads in our District in cases where police do not attend and record the accident.

Accident Locality	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>
This accident occurred on (name of road)		and metres
north / south / east / west (delete not applicable) of	(Enter distinguishing feature eg rural identification number, culvert number, other fixture - please state)	
Worst Injury and Number Injured	Serious <input type="checkbox"/> s	Minor <input type="checkbox"/> m
	Non-Injury <input type="checkbox"/> n	Unknown <input type="checkbox"/>
Accident Date	Accident Time	Sun ₁ Mon ₂ Tue ₃ Wed ₄ Thu ₅ Fri ₆ Sat ₇
Object Hit:	Railing <input type="checkbox"/> R	Sign <input type="checkbox"/> S
	Fence <input type="checkbox"/> F	Service Pole <input type="checkbox"/> P
	Bank <input type="checkbox"/> C	Bridge <input type="checkbox"/> B
	Animal <input type="checkbox"/> A	Ditch <input type="checkbox"/> V
Movement:	Overtaking <input type="checkbox"/> A	Head-On <input type="checkbox"/> B
	Loss Control <input type="checkbox"/> C	Cornering <input type="checkbox"/> D
	Rear-End <input type="checkbox"/> F	Turning <input type="checkbox"/> G
	Manoeuvring <input type="checkbox"/> H	
What Happened:		

Vehicle One				Vehicle Two			
Car/Wagon <input type="checkbox"/> C	Taxi <input type="checkbox"/> X	Van/Ute <input type="checkbox"/> V	Truck <input type="checkbox"/> T	Bus <input type="checkbox"/> B	Car/Wagon <input type="checkbox"/> C	Taxi <input type="checkbox"/> X	Van/Ute <input type="checkbox"/> V
School Bus <input type="checkbox"/> L	Ped. <input type="checkbox"/> P	Motorcycle <input type="checkbox"/> M	Bike <input type="checkbox"/> H	Unknown <input type="checkbox"/> U	School Bus <input type="checkbox"/> L	Ped. <input type="checkbox"/> P	Motorcycle <input type="checkbox"/> M
Direction of vehicles movement:				N	S	E	W
Was vehicle on:				Accident Road <input type="checkbox"/> 1	Side Road <input type="checkbox"/> 2	Was vehicle on:	
				Accident Road <input type="checkbox"/> 1	Side Road <input type="checkbox"/> 2		

What road factor may have led to the accident:							
Slippery <input type="checkbox"/> 800	Uneven <input type="checkbox"/> 812	High Crown <input type="checkbox"/> 814	Obstruction <input type="checkbox"/> 820	Visibility Limited <input type="checkbox"/> 830	Signs difficult to see <input type="checkbox"/> 840		
Markings difficult to see <input type="checkbox"/> 850	Street Lighting inadequate <input type="checkbox"/> 860	Raised Island difficult to see <input type="checkbox"/> 870	Raised Island ineffective <input type="checkbox"/> 872	Pedestrian on road <input type="checkbox"/> 700	Unattended child <input type="checkbox"/> 738	Footpath channelling <input type="checkbox"/>	Other <input type="checkbox"/>
Speed Limit: 30 <input type="checkbox"/>	50 <input type="checkbox"/>	60 <input type="checkbox"/>	70 <input type="checkbox"/>	80 <input type="checkbox"/>	100 <input type="checkbox"/>	Advisory Curve Speed:	
Road Type: 1-way <input type="checkbox"/>	2-way <input type="checkbox"/>	Off road <input type="checkbox"/>		Total Lanes: 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Curvature: Straight <input type="checkbox"/> R	Easy <input type="checkbox"/> E	Moderate <input type="checkbox"/> M	Severe <input type="checkbox"/> S	Markings: Ped. Crossing <input type="checkbox"/> X	Raised Island <input type="checkbox"/> R	Paint Island <input type="checkbox"/> P	No Pass Lines <input type="checkbox"/> L
Surface: Sealed <input type="checkbox"/> s	Unsealed <input type="checkbox"/> u			Type: Bridge <input type="checkbox"/> B	Railway Xing <input type="checkbox"/> R	Flat Rd <input type="checkbox"/> F	Hilly Rd <input type="checkbox"/> H
Surface: Wet <input type="checkbox"/> w	Dry <input type="checkbox"/> D	Ice <input type="checkbox"/> I		Junction: Driveway <input type="checkbox"/> D	Roundabout <input type="checkbox"/> R	X <input type="checkbox"/>	T <input type="checkbox"/>
Light: Bright Sun <input type="checkbox"/> B	Overcast <input type="checkbox"/> O	Twilight <input type="checkbox"/> T	Dark <input type="checkbox"/> D	Control: Traf. Signal <input type="checkbox"/> T	Stop <input type="checkbox"/> S	Giveway <input type="checkbox"/> G	Sch Patrol/War <input type="checkbox"/> P
Street Lights: On <input type="checkbox"/> O	Off <input type="checkbox"/> F	None <input type="checkbox"/> N		Weather: Fine <input type="checkbox"/> F	Mist/Fog <input type="checkbox"/> M	Lt Rain <input type="checkbox"/> L	Hvy Rain <input type="checkbox"/> H
				Frost <input type="checkbox"/> F	Strong Wind <input type="checkbox"/> S		

ROAD ACCIDENT REPORT



Driver – Vehicle One	Vehicle Two
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Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> T <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> T <input type="checkbox"/>
Age: <20 <input type="checkbox"/> 20 – 60 <input type="checkbox"/> >60 <input type="checkbox"/> Unknown <input type="checkbox"/>	Age: <20 <input type="checkbox"/> 20 – 60 <input type="checkbox"/> >60 <input type="checkbox"/> Unknown <input type="checkbox"/>

What drive factor may have led to the accident:							
Alcohol Drugs <input type="checkbox"/> C	Speed <input type="checkbox"/> 110	Failed to Give Way <input type="checkbox"/> 120	Failed to Keep Left <input type="checkbox"/> 130	Failed to Signal <input type="checkbox"/> 140	Overtaking <input type="checkbox"/> 150	Showing Off <input type="checkbox"/> 210	Did not check Adequately <input type="checkbox"/> 220
Inexperienced Incompetent <input type="checkbox"/> C220	Went to Sleep <input type="checkbox"/> 240	Trying to find Intersection <input type="checkbox"/> 255	Foreign Driver <input type="checkbox"/> 234	Towing <input type="checkbox"/> 206	Swerved to Avoid Animal <input type="checkbox"/> 195	Swerved to Avoid Vehicle <input type="checkbox"/> 197	

ACCIDENT DIAGRAM – Show direction and intended path for all parties

Your Name:		Return this form to: Western Bay of Plenty District Council Barkes Corner Private Bag 12803 Tauranga Thank you for completing this report A replacement form will be sent by way of acknowledgement
Postal Address:		

