

CRASH/INCIDENT REPORT FORM

SAMPLE PRACTICE SESSION EMERGENCY PROCEDURES

In case of a crash

- Call an ambulance if anyone is hurt – dial 000
- Stay with the vehicle until the police arrive or in the case of a minor crash report it to the police.
- Contact the LDMP Coordinator to report the crash and any injury or damage as soon as possible.
- Provide licence and registration details and receive the same from other parties involved but
DO NOT accept liability (blame) for the crash (insurance requirement).
- Contact (insert approved towing provider) if the vehicle needs to be towed away.

In case of vehicle breakdown

- Move the vehicle, if possible and safe to do so, to a location where it is not blocking traffic.
- Phone for roadside assistance on _____
The membership number for this vehicle is # _____
- If the car needs to be towed, arrange for towing by
(insert approved towing provider) to chosen Car Repairs at
_____. Phone _____
- Call the program coordinator about arranging transport home from the breakdown site – phone _____

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If a learner or mentor is involved in a crash during a supervised driving session they need to be aware that there are legal responsibilities and insurer requirements.

The Road User Handbook available from Roads and Maritime Services provides information about what to do after a crash in the section on law.

It is advisable for LDMPs to have a crash/incident report form. This serves as a written record of any crashes or incidents and is a good way to collect information that may be needed to meet legal and/or insurer requirements.

Crash/incident report forms should be kept in the vehicle so they are readily available if an incident occurs.

PLEASE COMPLETE THIS FORM AND HAND IT TO THE PROGRAM COORDINATOR AS SOON AS POSSIBLE AFTER A CRASH OR INCIDENT.

Driver name:

Driver status:
(learner/mentor)

Date of crash/incident: Time of crash/incident:

Location of crash/incident:

Any other drivers involved?

DRIVER 1

DRIVER 2

Name:

Licence number:

Vehicle registration number:

Contact number:

Address:

Insurance details:

SAMPLE CRASH/INCIDENT REPORT FORM

Name and phone number of any witnesses to crash/incident:

1	<input type="text"/>	Phone:	<input type="text"/>
2	<input type="text"/>	Phone:	<input type="text"/>
3	<input type="text"/>	Phone:	<input type="text"/>

Provide crash/incident description in detail. (If you wish, draw a diagram on the back of this form).

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Were police called to crash/incident location? No Yes — If yes, please provide name of police officer and their police station.

Was an infringement notice issued at the roadside? No Yes — If yes, please provide details.

Signature: _____

Date: