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 vehicles@jcu.edu.au Phone: 478 14120

1. Company Name
   James Cook University
   Policy No MSL015175873
   JCU 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 JCU?
   No ☐ Yes ☐

   Was the Driver driving with the knowledge and consent of JCU?
   No ☐ Yes ☐

   If not employed by JCU, state the Employer’s name and address.

   Has the Driver ever been convicted of any traffic offence or had their licence suspended?
   No ☐ Yes ☐ If Yes, please provide details.

   Had the Driver consumed any intoxicating liquor or taken any drugs during the eight hours prior to the accident?
   No ☐ Yes ☐ If Yes, please provide details.

   Was the Driver required to undergo a breath test analysis?
   No ☐ Yes ☐ If Yes, what was the result?

3. JCU Vehicle Details
   Registration No.
   Reg. Exp date
   Vehicle Type
   Vehicle Make
   Vehicle Model
   Vehicle Colour
   (Indicate areas damaged)
4.a. Third Party Details – The other driver/vehicle

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<th>Drives Name</th>
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<th>Name of Insurance Company</th>
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Provide a description of the damage to vehicle (*if more than one vehicle involved attach details).

Was any part of the vehicle in a damaged condition prior to the accident? If so, give details.

4.b. Third Party Details – Property Damage

If any damage to property of the public (not motor vehicle) was caused, give description of property and damage.

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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?

JCU Vehicle: ___________________________ Other Vehicle: ___________________________

What lamps were alight on the JCU Vehicle? □ Turn Signal - □ Brakelights - □ Headlights - □ Parkers
What lamps were alight on the other Vehicle? □ Turn Signal - □ 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? No ☐ Yes ☐

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 Streets
2. 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. Show point of impact X

6. Witness Details

In JCU Vehicle Number of persons in vehicle: 
Name: ___________________________ Address: ___________________________
Name: ___________________________ Address: ___________________________
Name: ___________________________ Address: ___________________________

In Other Vehicle Number of persons in vehicle: 
Name: ___________________________ Address: ___________________________
Name: ___________________________ Address: ___________________________
Name: ___________________________ Address: ___________________________
7. Reporting to police
Which police station was the accident reported to?

What was the constable’s Name and Number?  
What is the Police report number?

If known, is any police action pending  
No ☐  Yes ☐  Against Whom:  

8. Injuries to Persons
Was any person injured?  No ☐  Yes ☐  If Yes, provide details incl name, address pedestrian/passenger

9. Driver Declaration
I declare that the above particulars are true in every respect.

Signature:  _____________________________  Date:  _________________

10. Departmental Authorisation
I hereby authorise the cost of repairs/ Excess to be debited against Account -

Head of Dept or Delegate Name:

Signature:  _____________________________  Date:  _________________

11. Vehicle Maintenance Section
(Internal Use Only)

Insurance Claim Number  _____________________________  Work order No  _____________________________  Date Raised  _____________________________

Vehicle sent to following repair agent.  

Does Excess Apply?  No ☐  Yes ☐

12. JCU Vehicle Fleet Policy
JCU Fleet specifies the following.

10.1 The Vehicle Section will arrange emergency breakdown cover for all Fleet Vehicles. Each Fleet Vehicle contains procedures in the event of breakdown.

10.2 It is the responsibility of the driver of a Fleet Vehicle to report any accident involving the Fleet Vehicle to the Queensland Police Service or other relevant authority in accordance with current legislative requirements.

10.3 In the case of damage to a Fleet Vehicle, the cost of repairs or the insurance excess amount (whichever is the lower) is the responsibility of the Users Organisational Unit.

10.4 Regardless of cause, all Fleet Vehicle damage must be reported promptly to the Vehicle Section.

Further details for fleet vehicle details are available at the following URL.