

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.

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Has the Driver ever been convicted of any traffic offence or had their licence suspended?

No Yes If Yes, please provide details.

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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.

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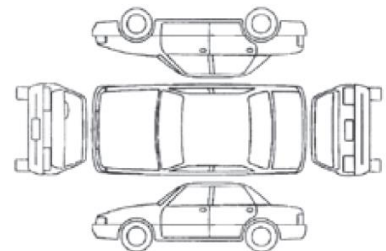
Was the Driver required to undergo a breath test analysis?

No Yes If Yes, what was the result?

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3. JCU Vehicle Details

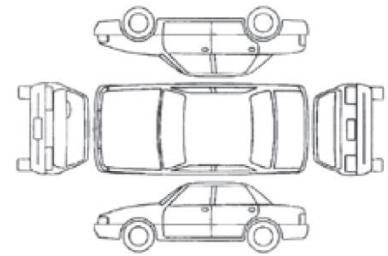
Registration No.	Reg. Exp date	
Vehicle Type		
Vehicle Make	Vehicle Model	Vehicle Colour



(Indicate areas damaged)

4.a. Third Party Details – The other driver/vehicle

Drives Name		Telephone No.	
<input type="text"/>		<input type="text"/>	
Address		State	Post Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Owners Name		Telephone No.	
<input type="text"/>		<input type="text"/>	
Address		State	Post Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Name of Insurance Company		Policy Number	
<input type="text"/>		<input type="text"/>	
Type of insurance			
<input type="text"/>			
Licence No.	Date of Birth		
<input type="text"/>	<input type="text"/>		
Vehicle Type			
<input type="text"/>			
Vehicle Make	Vehicle Model		
<input type="text"/>	<input type="text"/>		



(Indicate areas damaged)

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.

Owners Name		Telephone No.	
<input type="text"/>		<input type="text"/>	
Address		State	Post Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

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.

<https://www.jcu.edu.au/policy/estate-and-facility-management/vehicle-fleet-policy>