

Road Crash Reporting Form

Describe **WHERE** the accident occurred

On
.....metres N / S / E / W from
Distance *Road Name* *Side Road or Landmark*

Describe **WHEN** the accident occurred

At/between am/pm On
Time *Day* *Date*
And On
Time *Day* *Date*

Describe **WHAT** happened

Vehicle A Travel Direction
Vehicle B Travel Direction
Vehicle C Travel Direction

Road Condition: Wet / Dry / Ice
Light Conditions: Bright Sun / Overcast / Twilight / Night
Weather Conditions: Fine / Mist / Light Rain / Heavy Rain
Wind Conditions: Calm / Light Wind / Strong Wind

List any objects struck for each vehicle e.g. Fence posts, road signs, other vehicles etc

Factors involved:
.....
e.g. Driver fault; speeding; road faults etc

Number and severity of injuries if known:
.....
Severity = Fatality, Severe, Minor, Nil

Please draw accident layout on the back of this form and post or deliver to:

Waikato District Council
Private Bag 544
15 Galileo Street
Ngaruawahia 3742
ATTENTION: Roads Engineer

Name of Accident Reporter:

Address:

Telephone Number: Mobile:

Date Reported:

Accident Diagram

Please show road names, driveways, objects struck, where these were located and which direction is north in your diagram:

