

ICH Vehicle Accident Reporting Form

**This form is to be
stored on the vehicle
log clipboard**

If an accident occurs:

- Move to a safe place where possible
- Check for injuries to persons present and assess scene for hazards (if safe to do so)
- Exchange details with other persons involved (including any witnesses where possible)
 - ✓ Provide your name and the address of ICH to the other party
- Take pictures of the scene and the damage where possible
- Do NOT admit fault

Emergency Contacts:







Press the Red button to the left of the steering wheel to notify ICH of an emergency

Call Emergency Services (000) for death, serious injury or other traffic hazards

Call Policelink (131 444) where:

- There is suspicion of drugs and/or alcohol
- A driver fails to exchange details
- A driver with an impairment or disability requires police assistance

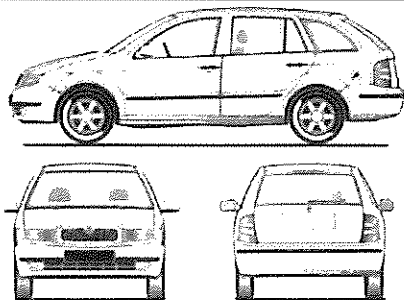

Follow instructions of emergency personnel

Accident Details	
Date and Time (AM/PM):	
Location of Accident:	
Weather/Road Conditions:	
Please describe accident circumstances:	
Please sketch the scene of the accident and take photos of the scene where possible	
Please use street names	Helpful Symbols for Sketch  Your vehicle  Other vehicles  People  Stop sign  Give way sign  Traffic light

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Your Details			
Your full name:			
Your vehicle:			
Other Drivers Details			
Drivers name:			
Drivers address:			
Drivers phone:			
Vehicle make:			
Vehicle model & year			
License plate number			
Insurance company			
Owner name (if different):			
Owner address:			
Owner phone:			
Witnesses Or Camera			
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Was this captured on cameras (i.e. dashcam, security cameras)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Emergency and/or Towing Services Attendance Required			
<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> Towing			
Police and Towing Information			
Officer name:		Towing Company:	
Station:			
Phone:		Phone Number:	
Your Passenger Information			
Name:			
Name:			
Name:			
Name:			
Other Vehicle Passenger Information			
Number of passengers:			

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Injuries	
To you or passengers in your vehicle	To the driver or passengers in their vehicle
Other injuries (pedestrians, etc...)	
Damage	
Your Vehicle	Other vehicle
	
Details	Details
Other damage (property, signs, electrical poles)	

Please keep records of any actions taken (i.e. rendering first aid). This should be forwarded to HR with this form.

Signatures			
Name of Person completing the form:			
Signature:		Date:	
Managers signature:		Date:	

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NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.