



# Mareeba SHIRE COUNCIL

PRIVACY NOTICE: Mareeba Shire Council is collecting your personal information for the purpose of investigating and processing the incident that this form relates to. This information may also be passed on to Council's insurers. Your personal information will only be accessed by authorised Mareeba Shire Council employees.

## VEHICLE DETAILS (TO BE COMPLETED BY THE DRIVER OF THE VEHICLE)

### Employee Details (Applies to Council employees only)

Drivers Name

Employee Number:

Licence Number *(ATTACH COPY OF LICENCE)*

Licence Type

Learners  Provisional  Open

Class

Expiry Date

Years Licensed in Australia

Alcohol or Drugs consumed in prior 12 hours

Plant No

Year

Make

Model

Registration

Purpose of use at time of accident: .....

.....

.....

Job Number

## INCIDENT DETAILS (TO BE COMPLETED BY DRIVER OF THE VEHICLE)

Incident Date

Approx Time

AM/PM

Location of Incident

Speed prior to the incident Your Vehicle

Speed prior to the incident Other Vehicle *(if applicable)*

Controls *(please tick one):*

Traffic Lights  Give Way Sign  Police Controls  Stop Sign

Road Surface *(please tick two):*

Dry  Wet  Sealed  Unsealed  Off Road

Light *(please tick one):*

Daylight  Dusk/Dawn  Darkness

Conditions *(please tick one):*

Clear  Raining  Fog  Smoke/Dust



**POLICE REPORT DETAILS (IF APPLICABLE)**

**Date Reported**  **Police Report No/s**   **Reported By**

**THIRD PARTY DETAILS - OTHER VEHICLE**

**Driver Name (of the third party vehicle)**  **Contact Phone No**

**Address**

**State**  **P/code**

**Licence Number**  **Licence Type**  
 Learners  Provisional  Open

**Class**  **Expiry Date**  **Years Licensed in Australia**

**Owner Name (if different to the driver of the third party vehicle)**  **Contact Phone No**

**Address**

**State**  **Postcode**

**Details of Third Party Vehicle**

**Year**  **Make**  **Model**  **Colour**

**Body Type (eg Sedan)**  **Registration**  **Name of Insurer**  **Approx Age Driver**

**Address where vehicle is kept (if vehicle needs to be inspected)**

**State**  **Postcode**

**Employee Signature**  **Date**

**Supervisors Name**  
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**Supervisors Signature**  **Date**

**Managers Name**  
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**Managers Signature**  **Date**

## Once a Motor Vehicle Incident has occurred you must

- ✓ Report any accident on public streets with damage over \$2,500 to the police *take down police details*
- ✓ All accidents regardless of number of vehicles involved or amount of damage *must* be reported to *MSC Fleet Management* as soon as possible
- ✓ A Vehicle Incident Notification form must be completed and forwarded to *MSC's Insurance Officer* within 24 hours of the accident for insurance purposes
- ✓ Workplace Health & Safety incident form is also required to be completed

*Not necessarily in this order.*