



ACCIDENT / INCIDENT REPORT

Instructions:

- (i) This form must be completed by the driver of the government vehicle. This form must be submitted to Government Motor Transport (GMT) via normal post, via courier, via fax or via e-mail within 5 working days after the incident and copies retained for record purposes.
- (ii) The following documents must accompany the Report:
 - (a) (The relevant approved Application to Travel (trip authority) and garaging/overnight authority where applicable,
 - (a) A legible copy of the driver's license card and Professional Driving Permit (PrDP) where applicable,
 - (b) The signed statement of the passenger (s) and witness (es) where applicable,
- (iii) The Transport Officer must complete this form and forward it to GMT within 5 working days after the incident in cases where the driver is injured during a incident/ accident and cannot complete the document
- (iv) The driver of the vehicle is to submit photos of the accident scene where feasible, to assist in the investigation. **Where an official is involved in an accident, the official needs to take photos from the licence disk of the other vehicle, vehicle registration and other driver's license and the accident scene and vehicle damage**

DRIVER AND VEHICLE DETAILS

1. Government vehicle reg. no. ALR0136NC Make & Model ISUZU Reg. _____

Odometer Reading 97872

Department Agriculture, Environment, Rural Dev and Land Reform Component Fleet Management

Name of driver MJ Niemand Rank SAC III

Persal no. 15265374 ID no. 7305140011087

Work tel. no. 0 Cell no. 0632984104 E-mail iemandmj@gmail.com

Driver's license code B Driver's license number 1064000388H6

PrDP validity period na Country of issue RSA

ACCIDENT DETAILS

2. Date of incident/~~xxxxx~~ Unknown Time _____
3. Place where incident/~~xxxxxx~~ Unknown
 _____ (indicate name of street/road and estimated distance to the nearest town)
4. Estimated speed travelled immediately before the incident/accident _____ (Km/h) What is the legal speed limit of the road? _____ (Km/h)
5. Nature of visibility? _____ If poor, state reason _____
6. Type of road at spot of incident/accident: Tar / sand / gravel / concrete *(Delete whichever is not applicable) Other _____
7. State condition of road surface at spot of incident/accident: ☐ corrugated ☐ potholed ☐ loose ☐ dusty ☐ wet ☐ slippery ☐ severely cambered
☐ slightly cambered *(Tick whichever is applicable) Other _____
8. Was the road fenced in? _____ If so, on both sides or on one side only? _____
9. Did you test positive for the consumption of medication, alcohol or narcotic drugs after the occurrence of the incident/accident? _____
10. Did you or any other party admit liability for the incident/accident? ☐ Yes / ☐ No
11. Give specific particulars of visible damages or attached photos to (e.g. rear bumper, right front door):
- (a) Government vehicle _____
- (b) Other vehicles _____
- (c) Other objects/property _____
12. Was the government vehicle towed away by a towing company after the incident/accident? _____ If yes, provide the name of the company _____

13. Name and address of passenger/s in or on the government vehicle (Obtain signed statement/s and attach to this Report)

- (i) _____
- (ii) _____

14. Name, address and telephone no. of witness/es (state estimated age and whether they were passengers in the other vehicle or independent witness)

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

SECTION B

1. Registration No. of other vehicle _____ License disk number _____ Expiry date _____
Make _____ Model _____
2. Name, address and telephone no. of driver _____
ID no. _____
3. Name, address and telephone no. of driver _____
ID no. _____
4. If the driver and the owner are different persons, did the driver use the vehicle in the interests of the owner or for his own purposes?

5. (i) Name of insurance company of other vehicle _____
(ii) Insurance policy number and particulars _____

NB: Complete the above-mentioned information on an additional page, if more than one 3rd party was involved.

6. Names, addresses, I.D. numbers and/or estimated age of pedestrians involved in the incident/accident:

NB: If in possession of a camera cell phone, kindly attempt to capture an image of the private vehicle/property involved, company logo on the vehicle(s) and damage to the private vehicle/property at the scene of the incident.

SECTION C

1. Were animals involved in the incident/accident? If yes, indicate whether the animals appear to belong to an owner / farmer / resort / herdsman or were they wild animals:

2. Description of animals (furnish identification marks) or fixed objects involved in the incident/accident _____

3. Name, address and telephone no. of the owner where available _____
ID no. _____

SECTION D

1. Are you aware of any fatalities ? _____ If so, please provide as much details as available

2. Are you aware of anyone injured? _____ If so, please provide as much details as available

SECTION E

1. Was the incident/accident reported to the police/traffic police? (Yes / No) Where _____ Date reported _____
(State whether SAPS / Traffic police) _____
2. Case number _____ Name of Police/Traffic Officer _____
3. Did the Police/Traffic officer visit the incident/accident scene? _____ If so, before or after the removal of the vehicle _____
4. Was anyone detained or arrested at the scene of the accident. Please provide details:

5. If the incident/accident was not reported and or not reported within 24 hours, state reasons _____

SECTION F

1. I declare the following full description of how the incident/accident occurred to be true:
(If this space is inadequate, use a separate sheet and ensure to sign it. Write legibly and in the official language most familiar to you.)

On inspection of ALR0136NC it was found that the spare wheel is missing. The vehicle were with
Vaalharts RS and thereafter at the Entity for repairs until it were returned to this office.

Kimberley

Place

January 2023

Date

Signature of driver

IN THE ABSENCE OF PHOTOS, THE FOLLOWING SKETCH NEEDS TO BE SUBMITTED

Please use the space on the next page to draw a sketch plan of the incident/accident scene. Provide/Include the following information (as far as possible):

- (i) Names of streets, roads and widths thereof as well as widths of any road shoulders
- (ii) Give the position before and after the accidents of vehicles, persons, animals and other objects concerned. Indicate the direction of the moving objects. Furnish compass directions.
- (iii) Indicate place where incident occurred. Clearly indicate distance from side of road, tarred road or curb where the incident occurred and if in or near an intersection/crossing.
- (iv) The distance of the point of impact from the imaginary centre of the crossing; and the distance of the point of impact from the fixed or broken centre line or stop line (if any) on the road/street.
- (v) Indicate skid, brake and drag marks in the same manner as in (iii) above.

BEFORE THE INCIDENT/ACCIDENT

AFTER THE INCIDENT/ACCIDENT

(Statement by local senior representative/supervisor/transport officer of the department concerned)

I, _____ with rank _____
(name in print)

employed by _____ hereby confirm that:

1. _____ Identity no. _____
(name of driver)

Was the driver of the following government vehicle with registration no _____

The driver was authorized to drive the government vehicle Y/N

He/she is in possession of the following driver's license:

The driver was acting in the course and scope of his duties at the time of the incident (*Yes/No)

The driver of the vehicle was on his authorized route at the time of the incident (*Yes/No)

If the driver deviated from his/her route (*Yes/No)

License No. _____ Date of validity _____

2. The vehicle was used to conduct official duties at the time of the incident. Y/N

Date

Signature of senior representative / supervisor / transport officer

DEPARTMENTAL STAMP

TRANSPORT OFFICER CONTACT DETAILS

Name and Surname: _____

Tel No: _____ Fax No: _____

Cell No: _____ E-mail: _____

Postal Address: _____

Physical Address: _____

TO BE COMPLETED BY THE TRANSPORT OFFICER

License disc number _____ Expiry date _____ Operator Disc _____ Expiry date _____

I _____, confirm that the required attachments are attached to this report.

Name and Surname: _____ Date _____

Signature