

MOTOR VEHICLE ACCIDENT REPORT

Completed forms to be forwarded to Launceston

Date:
Time of Acc.
Driver
Licence No.
Branch
Department

Company Vehicle Details

Odometer Reading:
Make:
Model
Year
Colour
Registration
VIN:

Other Vehicle Details

Driver Name
Licence No.
Address
Contact Number
Make:
Model
Year
Colour
Registration
Insurance Co.

Other Vehicle Details

Driver Name
Licence No.
Address
Contact Number
Make:
Model
Year
Colour
Registration
Insurance Co.

Circle Correct Response

Number of Vehicles involved: 1 / 2 / 3 / Other
Is vehicle drivable: YES / NO (if towed list by who and contact details)

Workers Comp form completed: YES / NO (if yes attach form)
Are there any witnesses YES / NO (if yes list names and contact numbers)

Where did the accident happen?



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**Road conditions:**

Wet / Dry

Day / Night

Sealed / Unsealed Surface

**Describe what happened & Sketch Scene:**

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**Describe damage to Company Vehicle:**

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**Describe damage to Other Vehicle** – Registration number .....

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**Describe damage to Other Vehicle** – Registration number .....

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**General comments:**

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