

GOVERNMENT MOTOR TRANSPORT COLLISION/ACCIDENT REPORT

Instructions:

- (i) This form must be completed by the driver of the government vehicle. The Delegated Authority / Transport Officer must complete this form in cases where the driver is injured during a collision/accident and cannot complete the document. This form must be submitted to Government Motor Transport (GMT) via normal post, via courier or via e-mail within 7 days after the incident.
- (ii) The following documents must accompany the Report:
- (a) The relevant approved Application to Travel (trip authority) and garaging/overnight authority where applicable together with the copy of the AARTO demerit points (when the AARTO Act is implemented),
 - (b) A legible copy of the driver's licence card and Professional Driving Permit (PrDP) where applicable,
 - (c) The signed statement of the passenger (s) and witness (es) where applicable,
- (iii) The driver of the vehicle / Delegated Authority / transport officer / investigating officer should endeavour to take and submit photos of the accident scene, the licence disc, the registration number and damage to the other vehicle/property where feasible.

SECTION A

1. Government vehicle reg. no. _____ Make & Model _____ Prov. Reg. _____
- (a) Name and surname of driver _____ Designation _____
- (b) Title (Mr. /Ms.) _____ Persal no. _____ ID no. _____
- (c) Work tel. no. _____ Cell no. _____ E-mail _____
2. Date of collision/accident _____ Time(24h00) _____ h _____
3. Place where collision/accident occurred _____
_____ (indicate name of street/road and estimated distance to the nearest town)
4. GPS co-ordinates (if available) _____ 5. What is the legal speed limit of the road? _____ (Km/h)
6. Estimated speed travelled immediately before the collision/accident _____ (Km/h)
7. Nature of visibility? _____ If poor, state reason _____
8. Type of road at spot of collision/accident: Tar / sand / gravel / concrete*(Delete whichever is not applicable) Other _____
9. State condition of road surface at spot of collision/accident: corrugated / potholed / loose / dusty / wet / slippery / severely cambered / slightly cambered *(Delete whichever is not applicable) Other _____
10. Was the road fenced in? _____ If so, on both sides or on one side only? _____
11. What signs, audible or visible, did you give to attempt to avoid the collision/accident? _____
12. What signs, audible or visible, did the other party give to avoid the collision/accident? _____
13. Did you consume any medication, alcohol or narcotic drugs within 3 hours before the occurrence of the collision/accident? _____
14. Was the driver of the other vehicle in your opinion sober or under influence of liquor? _____ Give reasons

15. Did you or any other party admit liability for the collision/accident? _____ If so, who and state what was said? _____

16. Give specific particulars of visible damages to (e.g. damage to rear bumper, right front door):
 - (a) Government vehicle _____
 - (b) Other vehicles _____
 - (c) Other objects/property _____

17. Was the government vehicle towed away by a towing company after the collision/accident? _____ If yes, provide the name of the company

18. Name and address of each passenger in or on the government vehicle (Obtain **signed** statement/s and attach to this Report)
- (i) _____
- (ii) _____
19. Name, address and telephone no. of each witness (state estimated age and whether they were passengers in the other vehicle or independent witness)
- (i) _____
- (ii) _____

SECTION B

1. Registration No. of other vehicle _____ License disk number _____
Make _____ Model _____
2. Name, address and telephone no. of driver _____
_____ ID no. _____
3. Name, address and telephone no. of owner _____
_____ 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. Description and address of private property damaged

6. Name, surname and contact details of private property owner _____
7. (i) Name of insurance company of other vehicle/private property _____
(ii) Insurance policy number and particulars _____

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

8. Names, addresses, I.D. numbers and/or estimated age of pedestrians involved in the collision/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 collision.

SECTION C

1. Were animals involved in the collision/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 collision/accident _____

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

SECTION D

- 1. Are you aware of anyone killed? _____ If so, who? _____
- 2. Are you aware of anyone injured? _____ If so, who? _____

SECTION E

- 1. Was the collision/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 collision/accident scene? _____ If so, before or after the removal of the vehicle _____
- 4. Was the driver of the private vehicle arrested at the scene of the collision/accident? Yes No If yes why _____
- 5. If the collision/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 collision/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.)

Place _____ Date _____ Signature _____

SECTION G

- Please use the space on the next page to draw a sketch plan of the collision/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 collision occurred. Clearly indicate distance from side of road, tared road or curb where the collision 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 COLLISION/ACCIDENT

AFTER THE COLLISION/ACCIDENT

SECTION H

Statement by delegated authority (**senior representative/supervisor/transport officer etc.**) of the client institution

I, _____ with designation _____
(name in print)

employed by _____ hereby confirm that:

1. _____ Identity/Persal No. _____
(name of driver)

was/was not the authorized driver of government vehicle no. _____ and that he/she is in possession of valid driver's license. Yes No

License No. _____ Date of validity _____

PrDP validity period _____ Country of issue _____

2. The vehicle was used to conduct official duties at the time of the collision. Yes No

If No provide a brief description of the trip's purpose _____

3. The contract worker/volunteer/intern/said person/etc. had sanctioned authority from Government Motor Transport to utilize a government vehicle: Yes No Authority date: _____

4. The following authorized passengers were in or on the government vehicle:

(i) _____; (vi) _____

(ii) _____; (vii) _____

(iii) _____; (viii) _____

(iv) _____; (ix) _____

(v) _____; (x) _____

Date

Signature of delegated authority

DELEGATED AUTHORITY / TRANSPORT OFFICER CONTACT DETAILS

Name and Surname: _____

Contact No: _____

Fax No: _____

E-mail: _____

Postal Address: _____

Physical Address: _____