



DEPARTMENT OF PROVINCIAL TREASURY
KWAZULU-NATAL PROVINCIAL GOVERNMENT

ACCIDENT REPORT

Vehicle Collision between two motor vehicles

Driver:

Directorate..... Division/Office
Initials and Surname..... Rank
Persal no ID number
Drivers license code..... Driver’s License number
Contact details.....

Vehicle:

Government vehicle registration number.....
Make, model & year.....
Odometer reading.....
Condition of vehicle prior to accident/damage.....

(Please indicate damage with a circle (pages 5, 6 or 7))

.....
.....

Details and address of private party

Initials and Surname of private party.....ID number(if applicable).....
Postal.....
Residential.....
Telephone No..... Vehicle registration No.....
Make and model.....
Vehicle register No. (from the license disc)
Details of damage to private vehicle (if any)

Witnesses:

1. Name of witness/passenger **(Delete which is not applicable)**
Address:
Telephone No.
2. Name of witness/passenger **(Delete which is not applicable)**
Address
Telephone no.....

Injured person/s:

1. Initials and surname of injured person
- Address
- Telephone no.....
2. Initials and surname of injured person
- Address
- Telephone no.....

General:

Approximate time	Place	Date
Approximate speed of State vehicle		Other vehicle
Reported to Departmental		(PMB) (If applicable)
Date		

Reported to South African Police Services at (Place)

Reported to supervisor (Initials and surname)

Designation

Date

Conditions (tick where applicable)

Blacktop	
Gravel	
Wet	
Dry	
Surface good	
Surface poor	
Road steep	
Road level	
Weather good	
Weather poor	
Raining	
Misty	
Vehicle lights on	
Vehicle lights off	

An accurate sketch plan of the scene must be attached showing:

- length and position of skid marks
- point of impact on each vehicle
- direction of travel of each vehicle
- distance of all vehicle involved from a fixed point after an accident
- width of roadway
- sight distance
- position of road signs
- name or number of road

Statement by driver

Initials and Surname of Driver
Designation

Signature

Sketch plan of scene of collisions

Statement by supervisor (indicating negligence or otherwise)

- The driver of the official vehicle was authorised to drive the vehicle at the time of the incident (*Yes/No)
- Was the driver of the official vehicle under the influence of alcohol or a drug at the time of the incident? (*Yes/No)
- 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 authorised route at the time of the incident (*Yes/No)
- If the driver deviated from his/her route, what was his reason and how many kilometers were traveled?
(*Delete which is not applicable).

If Yes/No specify:

.....
.....
.....
.....
.....

Initials and Surname of Supervisor

Signature

Designation

Date

I concur/do not concur with the Supervisor's statement.

I hereby certify that he/she* can/cannot be regarded as being negligent for the following reason/s:

.....
.....
.....
.....

Head of Directorate/Sub-Directorate's recommendation:

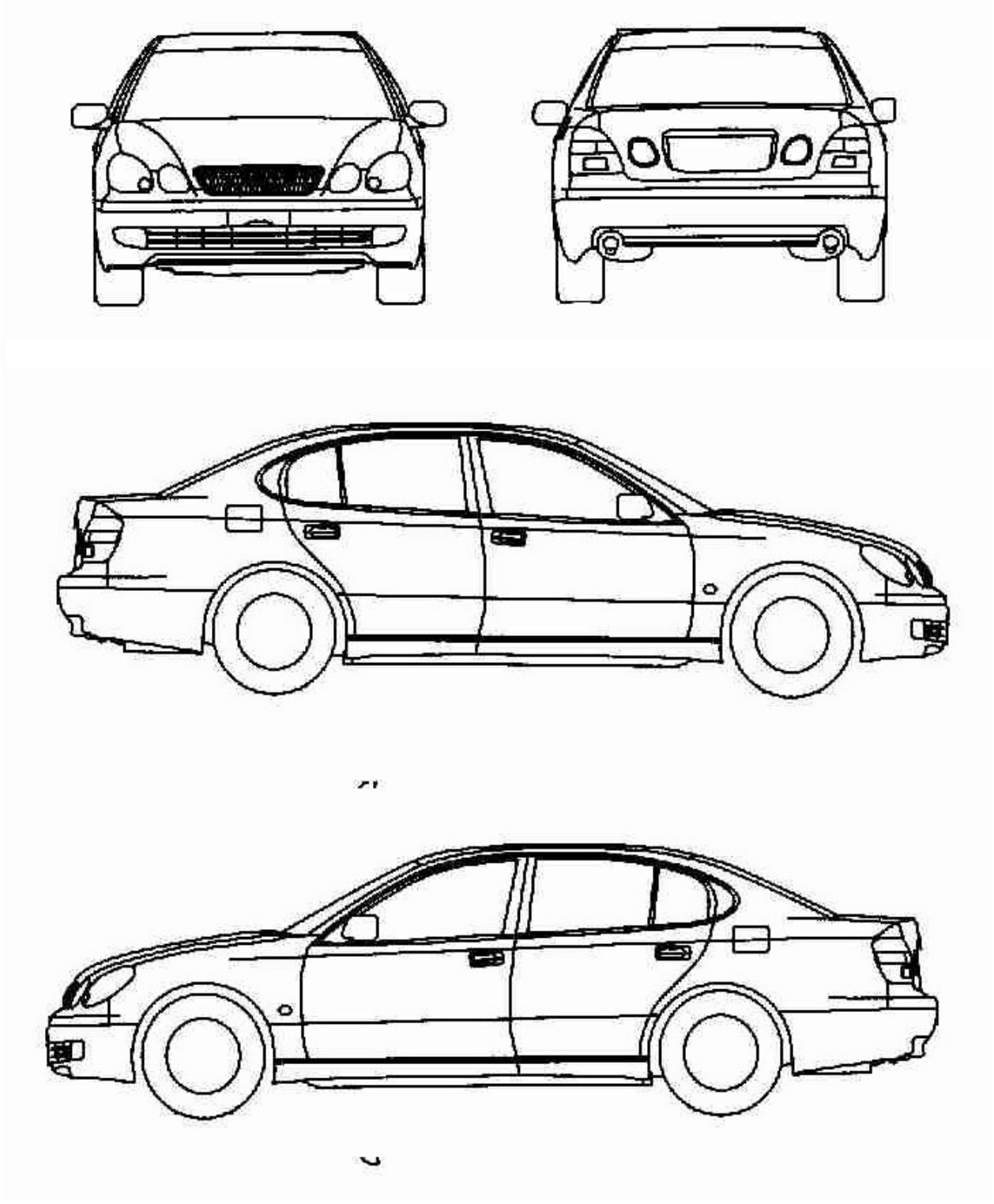
Disciplinary action (where applicable): yes / no

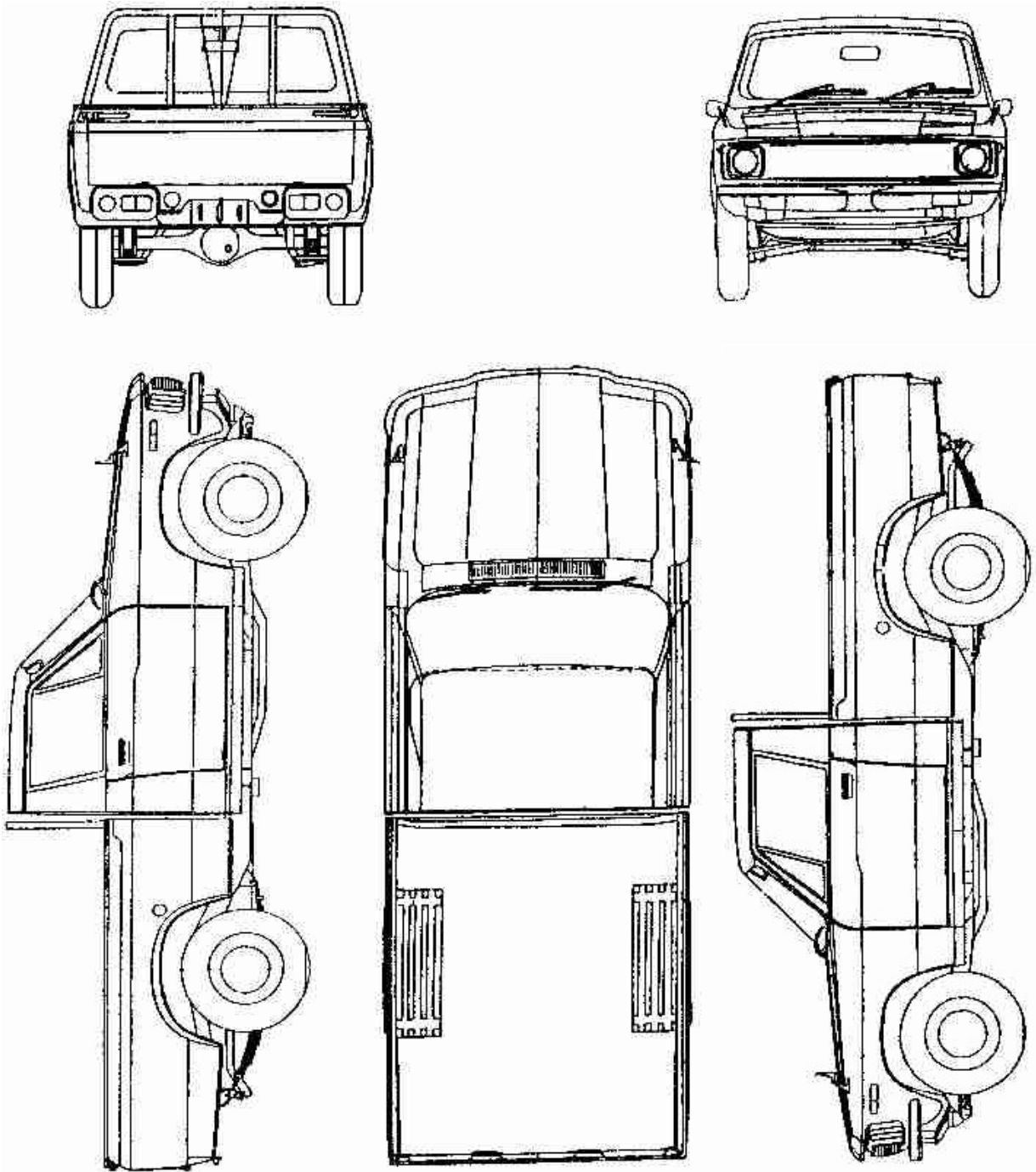
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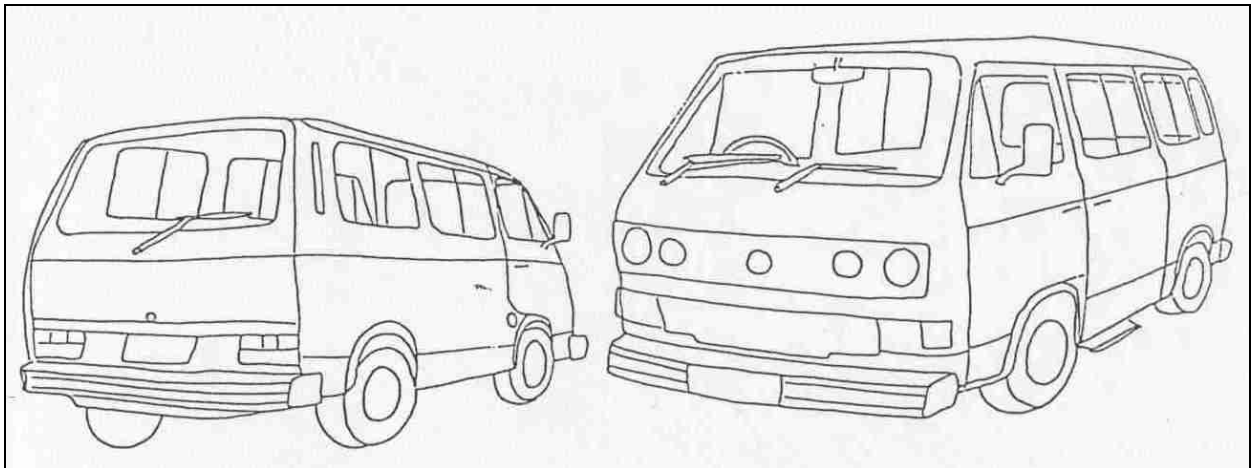
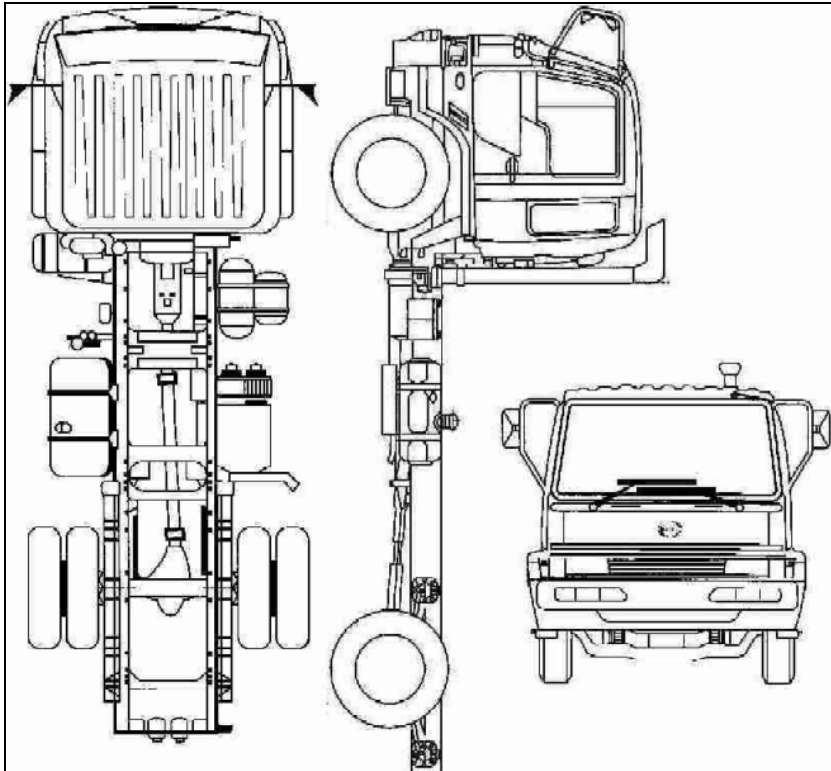
Initials and Surname of Head of Directorate / Sub-Directorate

Designation

Date







DEPARTMENT OF

**KWAZULU-NATAL PROVINCIAL GOVERNMENT
Determination of Liability**

(Cracked/chipped windscreen, damages, thefts, etc)

TO BE SIGNED BY AN OFFICIAL AT LEVEL 9 OR HIGHER

Vehicle registration number	
Equipment serial number	
Date of incident	
South African Police Services case number	
South African Police Services station reported to	
Responsible driver/official: Surname and initials Identity number Persal number	

B * Delete which is not applicable

1. The above-mentioned official was/was not* on official duty at the time of the incident.
2. I hereby certify that s/he* can/can not* be regarded as negligent for the following reason/s:
.....
3. If the official is found negligent due to deviation **PLEASE** indicate the reason and number of kilometers.
.....
.....

SIGNATURE INITIALS AND SURNAME RANK

SIGNATURE	INITIALS AND SURNAME	RANK

**SENIOR GENERAL MANAGER /GENERAL MANAGER RECOMMENDATION (WHERE APPLICABLE):
DISCIPLINARY ACTION: YES / NO**

COMMENTS:

SIGNATURE..... DATE.....