



HEAVY VEHICLE INCIDENT FORM

INCIDENT DETAILS				
Date of Incident		Time		Number Photo(s) Attached
Location Details (Road/Place/Near)				
Road Type	<input type="checkbox"/> Marked Single Lane <input type="checkbox"/> Unmarked Single Lane <input type="checkbox"/> Multiple Lane <input type="checkbox"/> Highway <input type="checkbox"/> Freeway <input type="checkbox"/> Dual Carriageway <input type="checkbox"/> Other (Specify) _____			
Road Condition	<input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed <input type="checkbox"/> Detour <input type="checkbox"/> Wet <input type="checkbox"/> Lane Closure <input type="checkbox"/> Tight Bend <input type="checkbox"/> Roadworks <input type="checkbox"/> Steep Grade <input type="checkbox"/> Other (Specify) _____			
Incident Type	<input type="checkbox"/> Animal strike <input type="checkbox"/> Vehicle Rollover <input type="checkbox"/> Vehicle Separation <input type="checkbox"/> Near Miss <input type="checkbox"/> Vehicle Fire <input type="checkbox"/> Crash (Injury) <input type="checkbox"/> Vehicle Failure <input type="checkbox"/> Crash (Injury/Damage) <input type="checkbox"/> Load Restraint <input type="checkbox"/> Crash (Damage) <input type="checkbox"/> Other (Specify) _____			
Incident Description				
Damage Sustained	<input type="checkbox"/> Heavy Vehicle <input type="checkbox"/> Towing Vehicle <input type="checkbox"/> Light Vehicle <input type="checkbox"/> Towing/Trailing Vehicle <input type="checkbox"/> Trailing Vehicle <input type="checkbox"/> Third party vehicle <input type="checkbox"/> Trailing Vehicle/Roadside Property <input type="checkbox"/> Towing Vehicle/Roadside Property <input type="checkbox"/> Towing/Heavy Vehicle <input type="checkbox"/> Trailing/Heavy Vehicle <input type="checkbox"/> Heavy/Towing/Trailing Vehicle <input type="checkbox"/> Towing & Trailing Vehicle/Road Surface <input type="checkbox"/> Towing & Trailing Vehicle/Roadside Property <input type="checkbox"/> Trailing Vehicle/Load <input type="checkbox"/> Towing/Third Party Vehicle <input type="checkbox"/> Road Surface <input type="checkbox"/> Roadside Furniture <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bridge Structure <input type="checkbox"/> None <input type="checkbox"/> Other (Specify) _____			
Injury Type	<input type="checkbox"/> 1 ST Aid <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor/Medical <input type="checkbox"/> Fatality <input type="checkbox"/> None			

VEHICLE DETAILS			
Configuration	<input type="checkbox"/> Light Vehicle	<input type="checkbox"/> Rigid Vehicle	<input type="checkbox"/> Articulate Vehicle
	<input type="checkbox"/> B-Double	<input type="checkbox"/> Road Train	<input type="checkbox"/> SPV
	<input type="checkbox"/> PBS	<input type="checkbox"/> Rigid & Trailer	<input type="checkbox"/> Other (Specify) _____
Registration Numbers	Towing		
	Trailing		
	Third Party		
Load Type	<input type="checkbox"/> Ag Machinery/Equipment	<input type="checkbox"/> Animal Product	
	<input type="checkbox"/> Assembled Structure	<input type="checkbox"/> Building/Construction Material	
	<input type="checkbox"/> Horticultural Product	<input type="checkbox"/> Bulk Liquid	
	<input type="checkbox"/> Concrete Product	<input type="checkbox"/> Containerised Freight	
	<input type="checkbox"/> Crane Equipment	<input type="checkbox"/> Dangerous Goods	
	<input type="checkbox"/> Earthmoving/Mining Machinery	<input type="checkbox"/> Empty	
	<input type="checkbox"/> Fertiliser	<input type="checkbox"/> Freezer Goods	
	<input type="checkbox"/> Grain/Seeds	<input type="checkbox"/> Furniture	
	<input type="checkbox"/> Livestock	<input type="checkbox"/> Quarry Product	
	<input type="checkbox"/> Recycling Material	<input type="checkbox"/> Logs/Timber Product	
	<input type="checkbox"/> Stockfeed	<input type="checkbox"/> Tyres	
	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Woodchips	
	<input type="checkbox"/> Wool	<input type="checkbox"/> General Freight	
	<input type="checkbox"/> SPV	<input type="checkbox"/> Perishable Food	
	<input type="checkbox"/> Mineral Sand	<input type="checkbox"/> Other (Specify) _____	
Permit Number		Permit Type	

OPERATOR/COMPANY			
Operator Number	OP	Operator Name	
Company Name			

DRIVER/WITNESS/REPORTED BY			
Driver Name		Contact Number	
Witness Name		Contact Number	
Reported By		Contact Number	

EMERGENCY SERVICE/AGENCY ATTENDANCE	
Traffic Management Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Emergency Service/Agency Attendance	<input type="checkbox"/> Police <input type="checkbox"/> DFUS <input type="checkbox"/> St Johns <input type="checkbox"/> Worksafe <input type="checkbox"/> Main Roads <input type="checkbox"/> Western Power <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____
Crash Identification Number	

CORRECTIVE ACTION TO PREVENT OCCURRENCE		
		Date