TRAFFIC INCIDENT REPORTING FORM

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| Region: |  |  | Incident Report No.: |  |
| Contract No.: |  |  | Contractor: |  |

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| Safety Incident Report No: |  |
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Major Incident Reports must be forwarded to the Superintendent within 48 hours of the incident occurring or becoming apparent.

Contractors shall use this Form for reporting of traffic Incidents on works under Contract and this form supplements the Safety Incident Report Form.

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| 1.0 Details of Incident | Reported to: | 🞎 Supervisor | 🞎 TMR | 🞎 Other  |
| Date of incident |  | Time of Incident |  |
| Work Being Undertaken |  |
| Location (include direction and lane if applicable) |  |
| Crash Type |  |
| Incident type | Near Miss | Property Damage | Injury | Fatality |
|  |  |  |  |
| Atmospheric Conditions | Clear | Overcast | Raining | Fog/Smoke/Dust |
|  |  |  |  |
| Light Conditions | Day Light | Night Time | Dawn/Dusk |
|  |  |  |
| Road Surface | Unsealed  | Sealed |
|  |  |
| Road Condition | Wet | Dry |
|  |  |
| Street Lighting | On | Off | Not provided |
|  |  |  |
| Police Attended Yes/No |  | Officer name/number |  |
| Other relevant details, (Last maintenance grade, watering and dust conditions): |
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| 2.0 Details of Traffic Management in place: |  |  |
| TMP/TGS No: |  | Name of individual that prepared the TGS |  |
| Time last inspected: |  | Accreditation No:  |  |
| Date TGS Approved: |  |  |  | Date TMP Approved:  |  |  |  |

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| 3.0 Descriptions of Vehicles: |  |  |  |
| Detail (make, model/ped/cyclist/VRU) | Registration No | Direction of Travel | Age of Driver |
| 3.1 Vehicle 1 |  |  |  |
| 3.2 Vehicle 2 |  |  |  |
| 3.3 Vehicle 3 |  |  |  |
| Comments:  |
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| 4.0 Description of Incident: |  |  |  |
| Draw the Incident including the direction of travel, traffic control signs, fixed structures and north point. |

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| 5.0 Attachments: The following copies MUST be submitted with this Incident Report. |
| Approved TMP 🞎 | Approved TGS 🞎 |  | Approvals for temporary speed restrictions 🞎 | Daily Diary 🞎 |

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| 6.0 Police Report: |  |  |  |  |
| Accident reported to Police: | 🞎 YES | 🞎 NO | Report made by | 🞎 Phone | 🞎 Fax | 🞎 Mail or E-mail |
| Date Report Made | Day | Month | Year | Police WA Reference Number |  |

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| 7.0 Details of Person Completing this Incident Form: |  |  |
| Name: | Contractor Name: |
| Position: |  |
| Date: | Signature: |