# Who was involved?

## On-Demand driver information

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | **Given name:** |  |
| Address: |  | | |
| Phone (home): |  | **Mobile:** |  |
| Licence Number Number: |  | **Ancillary certificate** |  |
| State of issue: |  | **Expiry date:** |  |
| Has the driver previously driven the vehicle and how often? |  |  |  |

## On-demand vehicle information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details: | **Fleet/Rego number:** | **Make:** | **Model:** | **Description** |
| On-demand vehicle: |  |  |  |  |
| Third party vehicle: |  |  |  |  |

# When did it happen?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Where did it happen? |  | **When did it happen?** |  | **Time** |  |

**What happened?** *Attach all supporting documents and photos to the completed report.*

|  |
| --- |
|  |

# Were there any contributing factors?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | |
| Was the pre-departure checks completed? | | | Yes | No | (Explain details:) | |
| When was the last maintenance inspection? | | | Date: | |  | |
| Were faults identified with the vehicle when last inspected? | | | Yes | (Explain details:) | | No |
| Has there been any hazards identified in respect of the vehicle? | | |  |  | |  |
| Other supporting information: | |  | | | | |

|  |
| --- |
| What procedures and controls were in place to prevent this incident occurring?  *Circle or highlight which controls contributed or failed to prevent the incident from occurring:* |
| *The following controls were in place at the time of the incident:* |
|  |

|  |
| --- |
| Explain the details relating to the failed procedures and controls that contributed to the incident? |
|  |
|  |

|  |
| --- |
| What other contributing factors have been identified? |
|  |
|  |

# Damage details

Was there injury

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Injury classification: | Fatality | | Lost Time (LTI) | | Medically Treated (MTI) | First Aid (FAI) | N/A |
| Injury to driver? |  | |  | | Injury to passenger or other road user? |  |  |
| Medical treatment provided: | No | Yes | | Unknown | | | |

# Was there damage to a vehicle?

|  |  |
| --- | --- |
| Description of damage: |  |

Was there damage to property?

|  |  |  |
| --- | --- | --- |
| Description of property damaged: | |  |
| Supporting information: |  | |

# Emergency attendance

|  |  |  |  |
| --- | --- | --- | --- |
| Police | Fire | Ambulance | TSIO |

# Recommendations

|  |  |  |  |
| --- | --- | --- | --- |
| Recommendations to eliminate or minimise the chance to this incident occurring again? | Accepted | Details | |
|  | Yes | By who: | By when: |
| No | (Explain details:) | |
|  | Yes | By who: | By when: |
| No | (Explain details:) | |
|  | Yes | By who: | By when: |
| No | (Explain details:) | |
|  | Yes | By who: | By when: |
| No | (Explain details:) | |
|  | Yes | By who: | By when: |
| No | (Explain details:) | |

# Section 10 – Responsible Person Sign Off

|  |  |  |
| --- | --- | --- |
| **I am satisfied that the incident has been investigated thoroughly and accepted recommendations will be implemented:** | | |
| Name: | Signed: | Date: |