# 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: |