

Accident Report (AR) Form

CAS / /
Serial number A1437902
Capturing number




Accident date (DD/MM/YYYY): / /
Day of week: Su M Tu W Th F Sa
Number of vehicles involved Time of accident (24h) :

LOCATION Built-up area: 1. Yes 2. No Speed limit on road: km/h
Province 1. EC 2. FS 3. GP 4. KZN 5. MP 6. NW 7. NC 8. LM 9. WC
Street/road name/road number










FREEMWAY/RURAL TOWN/CITY

*At intersection with (Street/road name/road no.)
*Or between (street/road name/road no.)
and (street/road name/road no.)
*Suburb (if in city/town)
*City/town name
*At intersection with (Road number/ name)
*Or approximately km measured in compass direction N S E W
from
(Describe fixed point e.g. town, river, bridge, culvert, intersecting street or road, on/off ramp of interchange, name of building/house, pole number, etc.)
*Information on kilometre marker: road no./section km
*Between (city/town) and (next city/town)
*GPS reading: X co-ordinate Y co-ordinate

ROAD TYPE:

1. <input type="checkbox"/> Freeway	5. <input type="checkbox"/> One way <input checked="" type="checkbox"/>
2. <input type="checkbox"/> On/off ramp 	8. <input type="checkbox"/> Other (specify)
3. <input type="checkbox"/> Dual carriageway 	9. <input type="checkbox"/> On-road parking/rank
4. <input type="checkbox"/> Single carriageway (two way) 	10. <input type="checkbox"/> Off-road parking/rank

JUNCTION TYPE:

1. <input type="checkbox"/> Cross roads 	7. <input type="checkbox"/> Not a junction or crossing 
2. <input type="checkbox"/> T-junction 	9. <input type="checkbox"/> On ramp/ slipway 
3. <input type="checkbox"/> Staggered junction 	10. <input type="checkbox"/> Off ramp/ slipway 
4. <input type="checkbox"/> Y-junction 	11. <input type="checkbox"/> Pedestrian Crossing
5. <input type="checkbox"/> Circle 	12. <input type="checkbox"/> Property driveway/ access
6. <input type="checkbox"/> Level Crossing 	8. <input type="checkbox"/> Other (Specify)

PARTICULARS OF DRIVER A OR

/ /
 Country of origin / ID /
 Surname
 Full name/ initials/ other names /
 Residential/home address
 Telephone number () H W
 Work/contact address
 Telephone/other number () H W
 1. Asian 2. Black 3. Coloured
 4. White 98. Other 00. Unknown
 1. Male 2. Female 0. Unknown
 1. DL 2. LL 9. None
 A1 A B C1 C EB
 EC1 EC Other (specify)
 1. Killed 2. Serious 3. Slight 4. No injury

DRIVERS/CYCLISTS

ID type/ ID number/ age /
 Country of origin / ID /
 Surname
 Full name/ initials/ other names /
 Residential/home address
 Telephone number () H W
 Work/contact address
 Telephone/other number () H W
 How would you describe the driver?
 1. Asian 2. Black 3. Coloured
 4. White 98. Other 00. Unknown
 1. Male 2. Female 0. Unknown
 1. DL 2. LL 9. None
 A1 A B C1 C EB
 EC1 EC Other (specify)
 1. Killed 2. Serious 3. Slight 4. No injury

PARTICULARS OF DRIVER B OR

/ /
 Country of origin / ID /
 Surname
 Full name/ initials/ other names /
 Residential/home address
 Telephone number () H W
 Work/contact address
 Telephone/other number () H W
 How would you describe the driver?
 1. Asian 2. Black 3. Coloured
 4. White 98. Other 00. Unknown
 1. Male 2. Female 0. Unknown
 1. DL 2. LL 9. None
 A1 A B C1 C EB
 EC1 EC Other (specify)
 1. Killed 2. Serious 3. Slight 4. No injury

Severity of injury
 Ambulance service, driver, case reference number & hospital
 1. Yes 2. No 0. Unknown
 1. Yes 2. No 0. Unknown
 1. Yes 2. No
 1. Yes 2. No
 No Yes (Write particulars on page 3)

Severity of injury
 Ambulance service, driver, case reference number & hospital
 1. Yes 2. No 0. Unknown
 1. Yes 2. No 0. Unknown
 1. Yes 2. No
 1. Yes 2. No
 No Yes (Write particulars on page 3)

Severity of injury
 Ambulance service, driver, case reference number & hospital
 1. Yes 2. No 0. Unknown
 1. Yes 2. No 0. Unknown
 1. Yes 2. No
 1. Yes 2. No
 No Yes (Write particulars on page 3)

DETAILS OF VEHICLE A OR

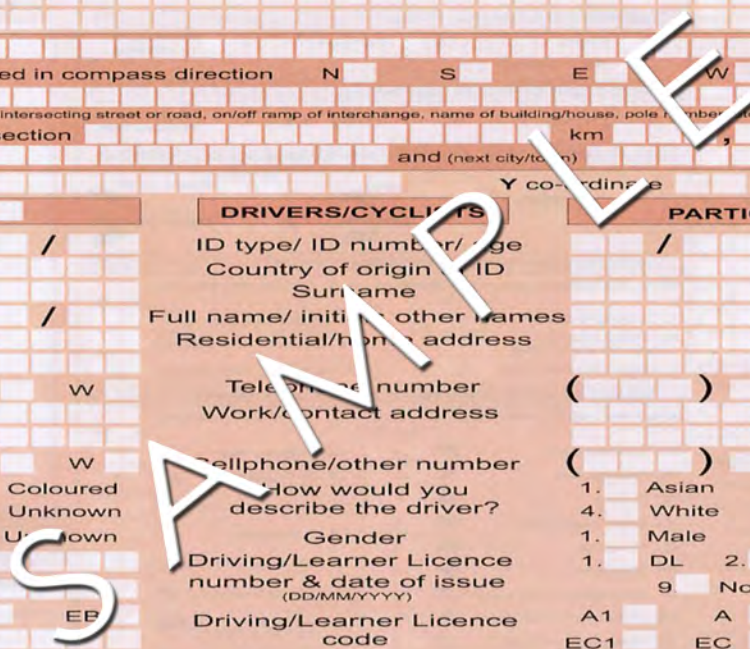
N S E W
 Check if front and back number-plate correspond with licence disc and expiry date of disc
 1. Yes 2. No 0. Unknown

VEHICLES

Travel towards direction
 Number plate number
 Licence disc number
 Colour
 Make
 Model (e.g. 280SE, ASTRA)
 *Trailer number plate number
 Carried passengers for reward? (e.g. bus or taxi)
 Breakdown company, telephone number & driver name

DETAILS OF VEHICLE B OR

N S E W
 Check if front and back number-plate correspond with licence disc and expiry date of disc
 1. Yes 2. No 0. Unknown



VEHICLE TYPE

Passenger vehicles:

- 01. Motor car or station wagon
02. Combi/minibus
03. Midibus
04. Bus
05. Bus-train

Goods vehicles:

- 06. Light delivery vehicle
07. Panel van
08. GVM>3500kg (greater than)
09. Truck: articulated
10. Truck: articulated multiple

Motor cycles:

- 11. 125cc and under
12. Above 125cc
13. Tri-cycle
14. Quadru-cycle

Other vehicles:

- 15. Bicycle
16. Mobile equipment: (driven)
17. Caravan/trailer
18. Tractor
19. Animal-drawn vehicle
98. Other (specify)

LIGHT CONDITION: (Mark ONE only)

- 1. Daylight
2. Night: lit by street lights
3. Night: unlit
4. Dawn/dusk
8. Other (specify)

WEATHER CONDITIONS AND VISIBILITY: (May mark more than one)

- 1. Clear
2. Overcast
3. Rain
4. Mist/fog
5. Hail/Snow
6. Dust
7. Fire/smoke
9. Severe wind
0. Unknown

ROAD SURFACE TYPE: (Mark ONE only)

- 1. Concrete
2. Tarmac
3. Gravel
4. Dirt
8. Other (specify)

QUALITY OF ROAD SURFACE: (Mark ONE only)

- 1. Good
2. Bumpy
3. Pothole
4. Cracks
5. Corrugated
8. Other (specify)

ROAD SURFACE: (Mark ONE only)

- 1. Dry
2. Wet
3. Wet in areas
4. Ice
5. Snow
6. Loose gravel or sand
7. Slippery
8. Other (specify)
9. Water: standing or moving

ROAD MARKING VISIBILITY: (Mark ONE only)

- 0. Unknown
1. Good
2. Not good (specify)
7. N/A

OBSTRUCTIONS:

- 1. Accident site
2. Roadworks
3. Roadblock
8. Other (specify)
9. None

OVERTAKING CONTROL: (Mark ONE only)

- 1. Barrier line
2. Road sign
7. N/A
9. None

TRAFFIC CONTROL TYPE: (Mark ONE only)

- 1. Robot
2. Stop sign
3. Yield sign
4. Officer
5. Officer+robot
6. Uncontrolled junction
7. Not at junction, crossing or barrier line
8. All robots out of order
9. Some robots out of order (specify)
10. Flashing robots (red/yellow) Boom
11. Pedestrian crossing
13. Barrier line

ROAD SIGNS CLEARLY VISIBLE:

- 1. Yes
2. No
7. N/A

CONDITION OF ROAD SIGNS:

- 1. Good
7. N/A (specify)
2. Not good
3. Damaged or missing

DIRECTION OF ROAD: (Mark ONE only)

- 1. Straight
2. Curving
3. Sharp curve 90 degrees

FLAT OR SLOPED: (Write vehicle reference letter (A, B, C, etc.) in the blocks.)

- 1. Flat
2. Uphill
3. Downhill
4. Steep uphill
5. Steep downhill

POSITION OF VEHICLE BEFORE ACCIDENT:

- 1. Correct road lane
2. Wrong road lane (but right side of road)
3. Wrong side of road
4. Road shoulder
5. Road parking bay
6. Off-road parking bay

VEHICLE MANOEUVRE/WHAT DRIVER WAS DOING:

- 01. Turning right
02. Turning left
03. U-turn
04. Enter traffic flow
05. Merging
06. Diverging
07. Overtaking: pass to right
08. Overtaking: pass to left
09. Travelling straight
10. Reversing
11. Sudden start
12. Sudden stop
13. Busy parking
15. Changing lane
16. Swerving
17. Slowing down
18. Avoiding object
19. Stationary (e.g. waiting in traffic)
20. Parked (e.g. in parking bay)
98. Other

VEHICLE DAMAGE: (More than ONE of the options below may be selected for each vehicle, if applicable.)

- 01. Right front
02. Right mid-front
03. Right mid-back
04. Back right
05. Back centre
06. Back left
07. Left mid-back
08. Left mid-front
09. Left front
10. Front centre
11. Bonnet
12. Roof
13. Boot
14. Multiple
15. Caught fire
16. Rollover
17. Damage undercarriage
18. Damage no detail
19. No damage
20. Windscreen/windows



ACCIDENT TYPE:

- 1. Head/rear end
2. Head on
3. Sideswipe: opposite directions
4. Sideswipe: same direction
8. Approach at angle - both travelling straight left the road
11. Single vehicle: overturned
12. Accident with pedestrian
13. Accident with animal (specify)
14. Accident with train
15. Accident with fixed/other object (specify)

Was this a Hit & Run accident? 1. Yes 2. No

ACCIDENT SKETCH:



Show Direction North with arrow. Show direction, position and reference number of each vehicle, pedestrian, alleged point of impact, tyre marks, fixed point(s), and other object(s) involved. Measurements are optional.

BRIEF DESCRIPTION OF THE ACCIDENT:

Text area for describing the accident.

SUMMARY OF PERSONS INVOLVED (including driver/cyclist)

1. Number of persons dead (killed):
 2. Number of persons seriously injured:
 3. Number of persons slightly injured:
 4. Number of persons not injured:

PARTICULARS OF PASSENGERS WHO ARE NOT INJURED

Surname and initials Passenger number in vehicle (A, B, etc.)
 ID number / Telephone/Cellphone number () H W

Surname and initials Passenger number in vehicle (A, B, etc.)
 ID number / Telephone/Cellphone number () H W

Surname and initials Passenger number in vehicle (A, B, etc.)
 ID number / Telephone/Cellphone number () H W

PARTICULARS OF KILLED OR INJURED PASSENGERS AND PEDESTRIANS

Passenger number (1, 2, etc.) in vehicle (A, B, etc.) / Pedestrian (P, Q, etc.)

Initials <input type="text"/> <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/> <input type="text"/>	ID type/ ID number <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Country of origin of ID <input type="text"/> <input type="text"/>	Initials <input type="text"/> <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/> <input type="text"/>
Home/contact address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Home/contact address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Telephone number (<input type="text"/> <input type="text"/>)		Telephone number (<input type="text"/> <input type="text"/>)		
Cellphone/other number (<input type="text"/> <input type="text"/>)		Cellphone/other number (<input type="text"/> <input type="text"/>)		
How would you describe the person? 1. <input type="checkbox"/> Asian 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> Coloured 4. <input type="checkbox"/> White 98. <input type="checkbox"/> Other 00. <input type="checkbox"/> Unknown		How would you describe the person? 1. <input type="checkbox"/> Asian 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> Coloured 4. <input type="checkbox"/> White 98. <input type="checkbox"/> Other 00. <input type="checkbox"/> Unknown		
Gender 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female 0. <input type="checkbox"/> Unknown		Gender 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female 0. <input type="checkbox"/> Unknown		
Severity of injury 1. <input type="checkbox"/> Killed 2. <input type="checkbox"/> Serious 3. <input type="checkbox"/> Slight 4. <input type="checkbox"/> No injury		Severity of injury 1. <input type="checkbox"/> Killed 2. <input type="checkbox"/> Serious 3. <input type="checkbox"/> Slight 4. <input type="checkbox"/> No injury		
Ambulance service, driver, case reference number & hospital <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 0. <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 0. <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 0. <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 0. <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 0. <input type="checkbox"/> Unknown
Seatbelt fitted/helmet present		Seatbelt/helmet definitely used		
Liquor/drug use suspected		Liquor/drug use: evidentiary tested		

Passenger number (1, 2, etc.) in vehicle (A, B, etc.) / Pedestrian (P, Q, etc.)

Initials <input type="text"/> <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/> <input type="text"/>	ID type/ ID number <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Country of origin of ID <input type="text"/> <input type="text"/>	Initials <input type="text"/> <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/> <input type="text"/>
Home/contact address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Home/contact address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Telephone/contact number (<input type="text"/> <input type="text"/>)		Telephone/contact number (<input type="text"/> <input type="text"/>)		
Cellphone/other number (<input type="text"/> <input type="text"/>)		Cellphone/other number (<input type="text"/> <input type="text"/>)		
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Ambulance service, driver, case reference number & hospital <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 0. <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 0. <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 0. <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 0. <input type="checkbox"/> Unknown	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 0. <input type="checkbox"/> Unknown
Seatbelt fitted/helmet present		Seatbelt/helmet definitely used		
Liquor/drug use suspected		Liquor/drug use: evidentiary tested		

WITNESSES

A police/traffic officer/other authorised person must make an attempt to obtain witnesses to an accident. This is particularly important in respect of independent eyewitnesses.

Bystanders at a scene of an accident must not be chased away before a good attempt is made by an officer to find out whether anyone witnessed (saw) the accident, and/or can give valuable information about circumstances relating to the accident, and/or can assist with the identification of deceased or seriously injured persons involved in the accident.

In the event of a reliable witness (passenger or independent eyewitness) residing or working in another city/town, an affidavit must, as soon as possible, be taken from him/her either at the scene or at the police station/traffic department. (This is in the event of a CR/CAS police case docket being registered.)

Independent eyewitness Passenger of vehicle

Independent eyewitness Passenger of vehicle

Grid for witness details: Surname & initials, Work/contact address, Code, Cellphone number/Telephone number.

Surname & initials
Work/contact address
Code
Cellphone number/
Telephone number

Grid for witness details: Surname & initials, Work/contact address, Code, Cellphone number/Telephone number.

PEDESTRIANS AND CYCLISTS ONLY: Person Reference

- Position: 1. Roadway, 2. Sidewalk /verge, 3. Shoulder of road, 4. Median
Location: 1. Within marked crossing, 2. Within 50m of crossing, 3. Not at crossing
Manoeuvre: 1. Facing traffic, 2. Back to traffic, 3. Crossing road
Pedestrian Action (for pedestrians only): 1. Walking, 2. Running, 3. Standing, 4. Playing, 5. Sitting, 6. Lying down, 7. Working, 8. Other
Colour of clothing: 1. Light, 2. Dark, 3. Light&Dark, 4. Reflective, 8. Other (Specify)

DANGEROUS GOODS ONLY: Vehicle Reference

- Dangerous goods carried in/on vehicle: 1. Dangerous goods carried, 2. Spillage occurred, 3. Vapour/gas emission occurred
If dangerous goods were carried: Dangerous goods placard displayed on vehicle:
Draw placard and write the Code/SIN on the diagram



SPECIAL OBSERVATIONS: Vehicle reference

- Tyre appears to have burst: 1. No, 2. Yes, 0. Unknown
Length of skidmarks: Tape measure _____ metres
Lights: 1. Good, 2. Faulty/not visible, 0. Unknown
Reflector quality (or reflective tape): 1. Good, 2. Faulty/not visible, 0. Unknown
Chevron quality: 1. Good, 2. Faulty/not visible, 0. Unknown
Other/Comment _____

SPECIAL OBSERVATIONS: Person number **in vehicle**

- Trapped/fallen out?: 1. Trapped, 2. Fallen out, 7. N/A
Use of cellphone or other hand-held instrument suspected: 1. Yes, 2. No
Other relevant information (e.g. disabled person, etc) _____

SPECIAL OBSERVATIONS: Vehicle reference

- Tyre appears to have burst: 1. No, 2. Yes, 0. Unknown
Length of skidmarks: Tape measure _____ metres
Lights: 1. Good, 2. Faulty/not visible, 0. Unknown
Reflector quality (or reflective tape): 1. Good, 2. Faulty/not visible, 0. Unknown
Other/Comment _____

SPECIAL OBSERVATIONS: Person number **in vehicle**

- Trapped/fallen out?: 1. Trapped, 2. Fallen out, 7. N/A
Use of cellphone or other hand-held instrument suspected: 1. Yes, 2. No
Other relevant information (e.g. disabled person, etc) _____

Particulars of summons/written notice to **appear in court** issued by officer _____

Particulars of notice to **discontinue use of vehicle** issued by officer _____

Office in which area the accident occurred

Occurrence Book no., Accident Register no., SAPS CAS no., Name of Department (Met/Mun Pol/ Traffic/ SAPS)

Date Stamp

Office where accident was reported/ form is completed

Name of Department (Met/Mun Pol/ Traffic/ SAPS), Occurrence Book no.

COMPLETED BY: Driver, official, etc.

Initials, Surname, Service number, Date, Time, Signature

INSPECTED BY:

Initials, Rank, Surname, Service number

Capturing Number

(Copied from Page 1)