

Police station area where accident occurred

Form of

(* COMPLETE IF APPLICABLE)

Accident Report (AR) Form

For official use only

Traffic Accident Register Number
Capturing Authority 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

Province 1 EC 2 FS 3 GP 4 KZN 5 MP 6 NW 7 NC 8 LM 9 WC
Street/road name/road number

Built-up area: Y N

SPEED LIMIT ON ROAD: km/h

ROAD TYPE:

- 1. Freeway
- 2. On/off ramp
- 3. Dual carriageway
- 4. Single carriageway (two way)
- 5. One way
- 6. Other (Specify)

JUNCTION TYPE:

- 1. Cross roads
- 2. T-junction
- 3. Staggered junction
- 4. Y-junction
- 5. Circle
- 6. Level crossing
- 7. Not a junction
- 8. On ramp/slipway
- 9. Off ramp/slipway
- 8. Other (Specify)

*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 eg. 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

PARTICULARS OF DRIVER A OR

DRIVERS

PARTICULARS OF DRIVER B OR

Initials Age

ID type/ ID number
Country of origin of ID
Surname

Initials Age

Residential/home address

Residential/home address

Residential/home address

Telephone number
Work/contact address

Telephone number
Work/contact address

Telephone number
Work/contact address

Cellphone/other number
How would you describe the driver?
Gender

Cellphone/other number
How would you describe the driver?
Gender

Cellphone/other number
How would you describe the driver?
Gender

Driving licence number
Driving licence code

Driving licence number
Driving licence code

Driving licence number
Driving licence code

Date of issue (DDMM/YYYY)
Severity of injury

Date of issue (DDMM/YYYY)
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Date of issue (DDMM/YYYY)
Severity of injury

Ambulance service, driver, case reference number & hospital
Seatbelt fitted/helmet present
Seatbelt/helmet definitely used
Liquor/drug use suspected
Liquor/drug use: evidentiary tested
Any passengers/pedestrians/cyclists?

Ambulance service, driver, case reference number & hospital
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Liquor/drug use: evidentiary tested
Any passengers/pedestrians/cyclists?

DETAILS OF VEHICLE A OR

VEHICLES

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
Carried passengers for reward? (e.g. bus or taxi)
Breakdown company, telephone number & driver name

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

N S E W
Check if front and back number-plate correspond with licence disc and expiry date of disc
Carried passengers for reward? (e.g. bus or taxi)
Breakdown company, telephone number & driver name

VEHICLE TYPE

Passenger vehicles: Write the vehicle reference letter (A, B, C, etc.) in the blocks. A B

01. Motor car or station wagon

02. Combiminibus

03. Midbus

04. Bus

05. Bus-train

Goods vehicles: Write the vehicle reference letter (A, B, C, etc.) in the blocks. A B

06. Light delivery vehicle

07. Panel van

08. GVW>3500kg (greater than)

09. Truck: Articulated

10. Truck: Articulated multiple

Motor cycles: Write the vehicle reference letter (A, B, C, etc.) in the blocks. A B

11. 125cc and under

12. Above 125cc

13. Tri-cycle

14. Quadri-cycle

Other vehicles: Write the vehicle reference letter (A, B, C, etc.) in the blocks. A B

15. Bicycle

16. Mobile equipment: (driven)

17. Caravan/trailer

18. Tractor

19. Animal-drawn vehicle

99. Other (Specify) _____

WEATHER CONDITIONS AND VISIBILITY: (Mark ONE only)

1. Clear 4. Mist/fog 7. Fire/smoke

2. Overcast 5. Hail 8. Snow

3. Rain 6. Dust 9. Severe wind

0. Unknown

LIGHT CONDITION: (Mark ONE only)

1. Daylight 3. Night: unit 5. Other (Specify) _____

2. Night: it by street lights 4. Dawn/dusk

ROAD SURFACE: (Mark ONE only)

1. Dry 5. Snow 9. Water: standing or moving

2. Wet 6. Loose gravel or sand

3. Wet in areas 7. Slippery

4. Ice 8. Other (Specify) _____

ROAD SURFACE TYPE: (Mark ONE only)

1. Concrete 3. Gravel 8. Other (Specify) _____

2. Tarmac 4. Dirt

QUALITY OF ROAD SURFACE: (Mark ONE only)

1. Good 4. Cracks

2. Bumpy 5. Comagated

3. Pothole 8. Other (Specify) _____

ROAD MARKING TYPE:

1. Barrier line 9. None 8. Other _____

ROAD MARKING CONDITIONS:

0. Unknown 2. Not good (Specify) _____

1. Good 7. NA

OBSTRUCTIONS:

1. Accident site 2. Roadworks 9. None

3. Roadblock

8. Other (Specify) _____

TRAFFIC CONTROL TYPE: (Mark ONE only)

1. Robot

2. Stop sign

3. Yield sign

4. Officer

5. Officer+robot

6. Uncontrolled

7. Not at junction or crossing

8. All robots out of order

9. Some robots out of order (Specify) _____

10. Flashing robots (red/ yellow)

11. Boom

12. Pedestrian crossing

ROAD SIGNS CLEARLY VISIBLE:

1. Yes 2. No 7. N/A

CONDITION OF ROAD SIGNS:

1. Good 2. Not good 3. Damaged or missing

7. N/A (Specify) _____

DIRECTION OF ROAD: (Mark ONE only)

1. Straight

2. Curving

3. Sharp curve (90 degree bend)

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:

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

1. Correct road lane 4. Road shoulder

2. Wrong road lane 5. On-road parking bay

3. Wrong side of road 6. Off-road parking bay

VEHICLE MANOEUVRE/ WHAT DRIVER WAS DOING:

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

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

14. Changing lane

15. Swerving

16. Slowing down

17. Avoiding object

18. Stationary (e.g. waiting in traffic)

19. Parked (e.g. in parking bay)

99. Other _____

VEHICLE DAMAGE: (Select only ONE of the options below for each vehicle.)

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

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. Rolled

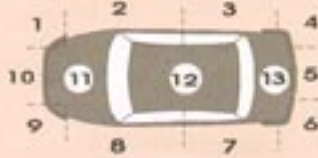
17. Damage undercarriage

18. Damage no detail

19. No damage

20. Windscreens/ windows

99. Other _____



ACCIDENT TYPE:

1. Headrear end

2. Head on

3. Sideswipe: opposite directions

4. Sideswipe: same direction

7. Turn right in face of oncoming traffic

8. Approach at angle - both travelling straight

9. Approach at angle - one or both turning

11. Single vehicle, overturned

12. Accident with pedestrian

13. Accident with animal (Specify) _____

14. Accident with train

15. Accident with fixed object (Specify) _____

99. Other or unknown accident type (Specify) _____

ACCIDENT SKETCH:

Blank area for drawing the accident scene.

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:

Blank lines for describing the accident.

SUMMARY: DEATH OR INJURY TO PERSONS INVOLVED (including driver)

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

PARTICULARS OF PASSENGERS WHO ARE NOT INJURED

Surname and initials	<input type="text"/>	Passenger number	<input type="text"/>	in vehicle (A, B, etc)	<input type="text"/>
ID number	<input type="text"/> / <input type="text"/>	Telephone/Cellphone number	<input type="text"/> <input type="text"/>	H	W
Surname and initials	<input type="text"/>	Passenger number	<input type="text"/>	in vehicle (A, B, etc)	<input type="text"/>
ID number	<input type="text"/> / <input type="text"/>	Telephone/Cellphone number	<input type="text"/> <input type="text"/>	H	W
Surname and initials	<input type="text"/>	Passenger number	<input type="text"/>	in vehicle (A, B, etc)	<input type="text"/>
ID number	<input type="text"/> / <input type="text"/>	Telephone/Cellphone number	<input type="text"/> <input type="text"/>	H	W

PARTICULARS OF PASSENGERS, PEDESTRIANS AND CYCLISTS

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

1. Yes 2. No 0. Unknown	Seatbelt fitted/helmet present	1. Yes 2. No 0. Unknown
1. Yes 2. No 0. Unknown	Seatbelt/helmet definitely used	1. Yes 2. No 0. Unknown
1. Yes 2. No	Liquor/drug use suspected	1. Yes 2. No
1. Yes 2. No	*Liquor/drug use: evidentiary tested	1. Yes 2. No

Passenger number in vehicle (A, B, etc)	<input type="text"/>	Pedestrian	<input type="checkbox"/>	Cyclist	<input type="checkbox"/>
<input type="text"/> / <input type="text"/>	ID type/ ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Country of origin of ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initials	Age	<input type="text"/>	<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"/>
<input type="text"/>	Telephone/contact number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Cellphone/other number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1. Yes 2. No 0. Unknown	Seatbelt fitted/helmet present	1. Yes 2. No 0. Unknown
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1. Yes 2. No	Liquor/drug use suspected	1. Yes 2. No
1. Yes 2. No	*Liquor/drug use: evidentiary tested	1. Yes 2. No

Accident Report (AR) Form

GENERAL INFORMATION

1. In terms of the National Road Traffic Act, Act No 93 of 1996, a driver must report her/his involvement in an accident **in person** within 24 hours of its occurrence to the nearest Metro, Municipal, Traffic Police (MMTP) office or South African Police Services (SAPS) station. This is only applicable if a police/traffic officer did not attend the accident due to the apparent minor nature thereof. However, the hours of operation of these offices must be taken into consideration. **A driver must present her/his driving licence when the accident is reported.**
2. *This form must be completed for all accidents which occur on a public road and where a vehicle was involved, i.e. all roads where the public or part of the public has right of access. This could include private property.*
3. This form can/may be completed personally by a driver of a vehicle involved in an accident where no criminal case docket has been opened/registered (such as 'damage only' accidents), **only** if s/he is in a condition to do so. **A police official, traffic officer or other authorised person must be prepared to help the driver complete the form.**
4. *At the prescribed fee, a photocopy of this form may only be furnished in response to a written request from an involved party (i.e. driver, passenger, pedestrian, cyclist or owner of damaged property), **if they can prove that they were the involved party**; and/or to a person who is not an involved party, **only if they have the written permission or authority of the involved party**. If a case docket has been opened/registered for a criminal investigation of an accident by the SAPS and the matter is still under investigation, any written request for a photocopy of a completed accident report form must be submitted to the Senior Public Prosecutor (SPP) of that particular magisterial district via the relevant SAPS station commissioner. S/he will determine whether a photocopy may be furnished or not.*
5. The name of the SAPS station in which area the accident occurred must be supplied on Page 1 of the form, even if the accident is reported and/or the form completed at/by an MMTP office/officer.
6. **NB:** *Every effort must be made to specify the exact 'LOCATION' of the accident on Page 1 of the form. Always specify the **Province** and **Street or Road** (by name or number, e.g. N4) before proceeding to complete the appropriate section for accidents in town or on rural roads/freeways. Be sure to complete the box with **Speed Limit, Road Type and Junction Type** in all cases.*

INSTRUCTIONS FOR COMPLETION OF THE FORM

7. It is essential that the information recorded on this form is an **accurate** reflection of the circumstances of the accident.
8. *When completing this form, please use **BLOCK/CAPITAL LETTERS** only.*
9. Mark the relevant **blocks** with a cross (**X**), and **not** the picture/illustration. However, to identify a particular vehicle (e.g. on Page 2), write the **reference letter** allocated to each vehicle (**A, B, C**, etc.) in the relevant blocks. Refer to pedestrians and cyclists as **P, Q, R**, etc. and passengers as **1, 2, 3**, etc.
10. *When correcting a mistake, the person completing the form must initial and date against the correction, without interfering with any of the white blocks. **No correction fluid/tape may be used.***
11. Pages 1 and 2 must be completed in all instances. If there were any passengers in any vehicle (even if they were not injured), their particulars must be entered on Page 3. The particulars of the person completing the form **must** be entered in the 'Completed By' section in the bottom right-hand corner of Page 4.
12. *All four pages of this form must be completed if a driver or passenger was killed or injured in the accident, or pedestrians or cyclists were involved.*
13. All four pages of this form must also be completed if a vehicle carrying dangerous goods or hazardous materials is involved in an accident.
14. *Once a driver has reported an accident at an MMTP office or SAPS station, and this form has been completed, an entry must be made in the Occurrence Book (OB), Accident Register, etc. The driver must then be furnished with a reference number (OB or AR) as proof that the accident has been reported.*

OPERATIONAL PROCEDURES FOR MMTP AND SAPS OFFICERS

15. This Accident Report (AR) form replaces the Officer's Accident Report (OAR) form.
16. *An AR form must be completed for each driver/pedestrian reporting an accident at an MMTP office or SAPS station.*
17. A pedestrian may also report an accident within 24 hours of its occurrence to his/her nearest MMTP office or SAPS station. S/he **must** present proof of identification.
18. *A person wanting to report his/her involvement in an accident must not be referred unnecessarily from one department to another, one office to another, or from one SAPS station to another.*
19. The Traffic Accident Register Number (TARN) in the 'For official use only' section on Page 1 of the form must be supplied by the MMTP office where the completed AR forms are kept.
20. *The Capturing Authority Number (CAN) in the 'For official use only' section on Page 1 of the form must be supplied, by the data capturing authority, from the accident number generated by the computer system on which the form is captured.*
21. If there is not sufficient space on the form for further particulars of witnesses, passengers, casualties or the description of the accident, etc., relevant sections of additional forms must be completed and attached to the original.
22. *If there are more than two parties (e.g. more than two vehicles) involved in the accident, additional forms must be completed. Each form must be numbered in sequence on the spaces provided (at 'Form-of-') e.g., Form 1 of 2, or Form 2 of 2.*
23. When a person, who reports an accident, prefers to write the description, and/or draw an accident sketch, s/he should sign next to the relevant item.
24. *A police/traffic officer who attends an accident must complete this form immediately. Thereafter, an entry in the Occurrence Book (OB) or Accident Register must be made. This must be done before going off duty. Accident victims must not be told to report an accident at an MMTP office or SAPS station unless they are mentally composed and their vehicle is in a driveable and roadworthy condition.*
25. A police/traffic officer who attends an accident must ensure that the particulars of all passengers, pedestrians and cyclists (even if they are not injured) are recorded, since names cannot be added to a completed AR form once it has been processed.
26. *When this form is completed at an MMTP office, it must not be registered at the SAPS station (SAPS 176 Accident Register process), unless a case docket has to be opened/registered for the accident to be criminally investigated. (In this instance it must be presumed that an MMTP officer attended the accident and conducted a crime scene investigation. S/he must open/register a case docket at the SAPS station in which area the accident occurred before s/he goes off duty. For such a crime scene investigation function to be performed by an MMTP officer, there must be a formalised written co-operation/protocol agreement between the SAPS and the relevant MMTP).*
27. When this form is completed at an SAPS station, the SAPS 176 Accident Register process must be followed. If **no** case docket has to be opened/registered for a criminal investigation of an accident, the **original completed form** must be collected by the relevant MMTP or other authorised person, under cover of the SAPS 506 Delivery Note, within the prescribed period. It is not necessary for a photocopy to be made and kept in the SAPS station monthly accident file.
28. *When a member of the SAPS attends an accident of a serious nature (where a criminal case docket has to be opened/registered), s/he must conduct a crime scene investigation and open/register a case docket immediately after the accident has been attended, or before s/he goes off duty. This must be done at the SAPS station in whose area the accident occurred.*
29. 'Signatures' and 'Initials' of persons who complete and check the form, **and the official date stamp**, must be entered in the relevant spaces.
30. *When this form is completed for an accident in which a case docket is opened/registered, 2 photocopies of the completed form must be made. Both copies must be certified as true copies of the original form. One copy must be filed in the "A" clip of the case docket. The second copy must be collected by the relevant MMTP or other authorised person under cover of the SAPS 506 Delivery Note. The original completed form must be filed in the SAPS station monthly accident file. The CAS/CR reference number must be entered on all documents (original and photocopies).*
31. If the form is completed at an SAPS station, but the accident occurred in another SAPS station area, an Occurrence Book (OB) number must be allocated. A photocopy must then be made, and certified as a true copy of the original form. The original completed form, together with a covering letter, must be posted by registered mail or transferred by police vehicle to the SAPS station in which area the accident occurred. For record purposes the photocopy must be filed in the accident file of the SAPS station where the form was completed.
32. *If any of the injured persons dies within six (6) days of the accident, the particulars on Page 1 and 3 of the form must be changed accordingly by the office at which the form was completed before the form is collected by the relevant MMTP officer or any other authorised person.*
33. **All culpable homicide motor vehicle accidents** (in which a person is killed), **must** be reported to the National Arrive Alive Fatal Accident Information Centre immediately after such an accident, or before the police/traffic officer goes off duty. Tel: 0800 005 619 (toll free) or (012) 309 3669. Fax 0800 111 301 (toll free) or (012) 309 3655. The 'Fatal Accident Report' form must be used for this purpose.