*Source: Transaid*

## ACCIDENT/INCIDENT FOLLOW UP REPORT



**ACCIDENT/INCIDENT REFERENCE NUMBER** ______

**VEHICLE REGISTRATION** ______

**DATE OF ACCIDENT/INCIDENT** ______

| **ATTACHMENTS (To be received within 7 days of the above date)** | **CHECK** |
|---|---|
| 1 FORM 9 ACCIDENT/INCIDENT REPORT (2 Sheets) | |
| 2 TRIP AUTHORITY (Copy) | |
| 3 VEHICLE OPERATOR'S LICENCE (Copy) | |
| 4 POLICE CASE REPORT (Copy) | |

**FOLLOW UP CODES TO BE USED ON SUBSEQUENT PAGES**

1 Attachments received - progress
2 Police informed - progress
3 Insurance Company notified - progress
4 Condition and Location of injured - progress
5 Notification of relatives of injured - progress
6 Contact with other vehicle owner(s) - progress
7 Contact with witnesses - progress
8 Notification to relevant parties internally - progress
9 Distribution of document copies - progress
10 Safe keeping of vehicle equipment, keys etc.
11 Cancellation of any cards , notification of issuers
12 Arrange and follow up on repairs - progress
13 Follow up with Vehicle Operator : discipline, training - progress
14 Conclusion - progress

**OFFICER RESPONSIBLE FOR FOLLOW UP**

NAME ______

DATE REPORT OPENED ______

SPECIMEN

## ACCIDENT/INCIDENT FOLLOW UP REPORT



| DATE | FOLLOW UP CODE | COMMENTARY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |