

# Accident Report (AR) Form

Serial number	Accident date (DD/MM/YYYY):	Day of week: Su M Tu W Th F Sa	X
Capturing number	Number of vehicles involved	0 2	Time of accident (24h) 18 : 00
<b>LOCATION</b> Province 1. EC 2. FS 3. GP 4. KZN 5. MP 6. NW 7. NC 8. LM 9. WC Street/road name/road number *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)			
Built-up area: 1. Yes 2. No Speed limit on road: 60 km/h		<b>ROAD TYPE:</b> 1. Freeway 2. On/off ramp 3. Dual carriageway 4. Single carriageway (two way) 5. One way 6. Other (specify) 7. On-road parking/rank 8. Off-road parking/rank	
<b>TOWN / CITY</b> <b>FREEWAY / RURAL</b>		<b>JUNCTION TYPE:</b> 1. Cross roads 2. T-junction 3. Staggered junction 4. Y-junction 5. Circle 6. Level Crossing 7. Not a junction or crossing 8. On ramp/ slipway 9. Off ramp/ slipway 10. Pedestrian Crossing 11. Property driveway/ access 12. Other (Specify)	

[illegible]

PARTICULARS OF DRIVER A OR <input type="checkbox"/>															DRIVERS/CYCLISTS										PARTICULARS OF DRIVER B OR <input type="checkbox"/>														
<div style="display: flex; justify-content: space-between;"> <span>/</span> <span></span> <span>/</span> </div>															ID type/ ID number/ age Country of origin of ID Surname Full name/ initials other names Residential/home address										<div style="display: flex; justify-content: space-between;"> <span>/</span> <span></span> <span>/</span> </div>														
<div style="display: flex; justify-content: space-between;"> <span>( <input type="text"/> <input type="text"/> <input type="text"/> )</span> <span></span> <span>H <input type="text"/> W <input type="text"/></span> </div>															Telephone number Work/contact address										<div style="display: flex; justify-content: space-between;"> <span>( <input type="text"/> <input type="text"/> <input type="text"/> )</span> <span>H <input type="text"/> W <input type="text"/></span> </div>														
<div style="display: flex; justify-content: space-between;"> <span>( <input type="text"/> <input type="text"/> <input type="text"/> )</span> <span>H <input type="text"/> W <input type="text"/></span> </div>															Cellphone/other number How would you describe the driver? Gender Driving/Learner Licence number & date of issue (DD/MM/YYYY) Driving/Learner Licence code										<div style="display: flex; justify-content: space-between;"> <span>( <input type="text"/> <input type="text"/> <input type="text"/> )</span> <span>H <input type="text"/> W <input type="text"/></span> </div>														
1. <input type="checkbox"/> Asian      2. <input type="checkbox"/> Black      3. <input type="checkbox"/> Coloured 4. <input checked="" type="checkbox"/> White       98. <input type="checkbox"/> Other      00. <input type="checkbox"/> Unknown 1. <input type="checkbox"/> Male       2. <input checked="" type="checkbox"/> Female      0. <input type="checkbox"/> Unknown 1. <input type="checkbox"/> DL    2. <input type="checkbox"/> LL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. <input type="checkbox"/> None <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> A1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C <input type="checkbox"/> EB <input type="checkbox"/> EC1 <input type="checkbox"/> EC <input type="checkbox"/> Other (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															Severity of injury Ambulance service, driver, case reference number & hospital Seatbelt fitted/helmet present Seatbelt/helmet <b>definitely</b> used Liquor/drug use <b>suspected</b> Liquor/drug use: <b>evidentiary tested</b> Any passengers/pedestrians?										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 1. <input type="checkbox"/> Male      2. <input type="checkbox"/> Female      0. <input type="checkbox"/> Unknown 1. <input type="checkbox"/> DL    2. <input type="checkbox"/> LL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. <input type="checkbox"/> None <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> A1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C <input type="checkbox"/> EB <input type="checkbox"/> EC1 <input type="checkbox"/> EC <input type="checkbox"/> Other (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1. <input type="checkbox"/> Killed    2. <input checked="" type="checkbox"/> Serious    3. <input type="checkbox"/> Slight    4. <input type="checkbox"/> No injury <hr/> 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 1. <input type="checkbox"/> Yes      2. <input type="checkbox"/> No No <input type="checkbox"/> Yes <input type="checkbox"/> (Write particulars on page 3)														

DETAILS OF VEHICLE A OR <input type="checkbox"/>										VEHICLES										DETAILS OF VEHICLE B OR <input type="checkbox"/>									
<div> <div> </div> <div> <div>N</div> <div>S</div> <div>E</div> <div>W</div> </div> </div>										<div> <div>Travel towards direction</div> <div>Number plate number</div> <div>Licence disc number</div> <div>Colour</div> <div>Make</div> <div>Model (e.g. 280SE, ASTRA)</div> <div>*Trailer number plate number</div> <div>Carried passengers for reward? (e.g. bus or taxi)</div> <div>Breakdown company, telephone number &amp; driver name</div> </div>										<div> <div> <div> </div> <div> <div>N</div> <div>S</div> <div>E</div> <div>W</div> </div> </div> <div> <div>Check if front and back number plate correspond with licence disc and expiry date of disc</div> </div> </div>									
<div> <div> <div> <div>Check if front and back number plate correspond with licence disc and expiry date of disc</div> </div> </div> </div>																				<div> <div> <div> <div>Check if front and back number plate correspond with licence disc and expiry date of disc</div> </div> </div> </div>									
<div> <div> <div> <div>1.</div> <div>Yes</div> </div> <div> <div>2.</div> <div>No</div> </div> <div> <div>0.</div> <div>Unknown</div> </div> <div> </div> </div> </div>																				<div> <div> <div> <div>1.</div> <div>Yes</div> </div> <div> <div>2.</div> <div>No</div> </div> <div> <div>0.</div> <div>Unknown</div> </div> </div> </div>									

VEHICLE TYPE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Barrier line
2. Road sign
3. None

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

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)
11. Boom
12. Pedestrian crossing
13. Barrier line

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

1. Yes
2. No
7. N/A

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

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

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

1. Straight
2. Curving
3. Sharp curve 90 degree bend

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

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

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

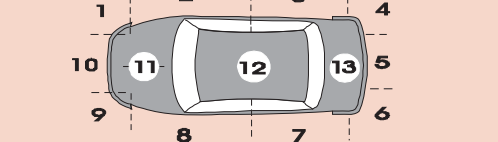
1. Correct road lane
2. Wrong road lane (but right side of road)
3. Wrong side of road
4. Road shoulder
5. On-road parking bay
6. Off-road parking bay

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
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

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. Windscreen/ windows



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

1. Head/rear end
2. Head on
3. Sideswipe: opposite directions
4. Sideswipe: same direction
8. Approach at angle - both travelling straight
16. Single vehicle: 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)

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

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

Accident sketch grid.

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.

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

Vehicle A was stationary at red robot and once the robot had turned green, vehicle A had moved off traveling straight ahead. Vehicle B traveling at an excessive speed knocks into vehicle A from the left side.

SUMMARY OF PERSONS INVOLVED (including driver/cyclist)

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      Parker , S      Passenger number      01      in vehicle (A, B, etc.)      A  
ID number      78      /      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.)      Pedestrian  
in vehicle (A, B, etc.)      (P, Q, etc.)     

ID type/ ID number  
Country of origin of ID  
Surname

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

Initials      Age     

Home/contact address

Telephone number  
Cellphone/other number

How would you  
describe the person?

Gender

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

Seatbelt fitted/helmet present

Seatbelt/helmet **definitely** used

Liquor/drug use **suspected**

\*Liquor/drug use: **evidentiary tested**

1.      Yes      2.      No      0.      Unknown  
1.      Yes      2.      No      0.      Unknown  
1.      Yes      2.      No  
1.      Yes      2.      No

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

ID type/ ID number  
Country of origin of ID  
Surname

Initials      Age     

Home/contact address

Telephone/contact number  
Cellphone/other number

How would you  
describe the person?

Gender

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

Seatbelt fitted/helmet present

Seatbelt/helmet **definitely** used

Liquor/drug use **suspected**

\*Liquor/drug use: **evidentiary tested**

1.      Yes      2.      No      0.      Unknown  
1.      Yes      2.      No      0.      Unknown  
1.      Yes      2.      No  
1.      Yes      2.      No

**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 ☐

Will Smith  
85 Mew way  
Ottery  
Cape Town

Code 7808

( 072 ) 999 1235

Surname & initials  
Work/contact  
address

Cellphone number/  
Telephone number

Code

**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**

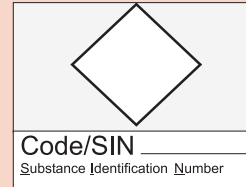
Y N

1. Dangerous goods carried  
2. Spillage occurred  
3. Vapour/gas emission occurred

**If dangerous goods were carried**

Y N

Dangerous goods placard  
displayed on vehicle:



Code/SIN

Substance Identification Number

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 1.5 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: 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)

**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**

Date Stamp

Occurrence Book no.

Accident Register no.

SAPS CAS no.

Name of Department  
(Met/Mun Pol/ Traffic/ SAPS)

Signature

**INSPECTED BY:**

Initials

Rank

Surname

Service number

Capturing Number

(Copied from  
Page 1)**Office where accident was reported/ form is completed**

Name of Department (Met/Mun Pol/ Traffic/ SAPS)

Athlone Police Station

Occurrence Book no.

**COMPLETED BY:**

Driver, official, etc.

Police official

Initials

F

Rank

Surname

Henkeman

Service number

120589

Date

06 / 08 / 2010

Time 19 : 00

Signature



# 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 Municipal/Metro Police, Traffic Department (MMT) office or South African Police Service (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.*** It is advisable for a road accident to be reported at the MMT office or SAPS station in whose area of jurisdiction the accident occurred, since officials are familiar with the roads and important reference numbers can be obtained with minimum delay.
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 (certified as a true copy of the original form on every page), may be furnished to an involved party (namely, the driver, passenger, pedestrian, cyclist or owner of damaged property) if an official request form is completed, and they can prove that they are the involved party. If a person who is not an involved party requests a photocopy of this form, they must have the written permission/authority of the involved party if they are acting on their behalf or the request must be referred to the relevant **Deputy Information Officer** (MMT or SAPS) for the necessary attention. The Road Accident Fund (RAF) or an agent acting on their behalf (with the necessary documentary proof from the RAF), may be furnished with a certified photocopy of this form without the consent of a party involved in the accident, and free of charge. If a case docket has been opened/ registered for a crime investigation by the SAPS and the matter is still under investigation, any request for a photocopy of this form must be attended to in the same manner as described above.*
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 MMT 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 and/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 **Speed Limit** and box with **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 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 witnesses must be entered at the top of Page 4 and those 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 in full if a driver/cyclist or passenger was killed or injured in the accident, or pedestrians were involved.*
13. All four pages of this form must also be completed in full if a vehicle carrying dangerous goods or hazardous materials is involved in an accident.
14. *Once a driver has reported an accident at an MMT 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 an OB or Accident Register reference number as proof that the accident has been reported.*

## OPERATIONAL PROCEDURES FOR MMT 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 MMT office or SAPS station.*
17. A pedestrian may also report an accident within 24 hours of its occurrence to his/her nearest MMT 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 Capturing Number on the top left 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.
20. *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.*
21. 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.
22. *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.*
23. 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 MMT office or SAPS station unless they are mentally composed and their vehicle is in a driveable and roadworthy condition.**
24. *A police/traffic officer who attends an accident must ensure that the particulars of all cyclists, passengers and pedestrians (even if they are not injured) are recorded, since names cannot be added to a completed AR form once it has been processed.*
25. 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 an on-site 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.
26. *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 MMT 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).*
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 crime investigation of an accident, the **original completed form** must be collected by the relevant MMT 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 this form is completed at an MMT 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 MMT officer attended the accident and conducted the on-site crime scene investigation. S/he must open/ register a case docket at the SAPS station in which area the accident occurred before s/he reports off duty. For such an on-site crime scene investigation function to be performed by an MMT officer, a Memorandum of Understanding must exist between the SAPS and relevant MMT to ensure professional service delivery, responsibility and accountability.)*
29. 'Signatures' and 'Initials' of persons who complete and inspect/check the correct completion of the form, **and the official date stamp**, must be entered in the relevant spaces.
30. *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 each page 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.*
31. **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 MMT officer or any other authorised person.
32. **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) 665 6089. Fax 0800 111 301 (toll free) or (012) 665 6085.  
*The 'Arrive Alive Quick Response Form' must be used for this purpose.*
33. All spoilt AR forms must be officially cancelled by double lines (10cm apart) and the word CANCELLED across the face of Page 1, date stamped and signed by the officer completing the form. Such cancelled forms must be submitted together with the other completed AR forms to the data capturing office for recording.