



Road surface (e.g. sealed/unsealed)

Road conditions (e.g. wet, dry, slippery)

Lighting conditions (e.g. dark/light, street lighting, lit/unlit)

Atmospheric conditions (e.g. clear, foggy)

Direction of travel (e.g. north)

Speed limit (e.g. 60km/h)

**Identify all motor vehicles involved in the accident (as far as known to you).  
If more than 3 vehicles, please provide the additional information on a separate page and attach to this form.**

**Vehicle 1 (Vehicle 1 is the vehicle considered most responsible for causing the accident)**

Registration number <input type="text"/>	State <input type="text"/>	Make (e.g. Toyota) <input type="text"/>
Model (e.g. Camry) <input type="text"/>	Body type (e.g. sedan) <input type="text"/>	Colour <input type="text"/>

**Driver/rider**

Name	Contact no.	
Address	Street type	
Suburb/town	State	Postcode
Driver licence number	Date of birth / / <small>DD/MM/YYYY</small>	

**Vehicle 2**

Registration number <input type="text"/>	State <input type="text"/>	Make (e.g. Toyota) <input type="text"/>
Model (e.g. Camry) <input type="text"/>	Body type (e.g. sedan) <input type="text"/>	Colour <input type="text"/>

**Driver/rider**

Name	Contact no.	
Address	Street type	
Suburb/town	State	Postcode
Driver licence number	Date of birth / / <small>DD/MM/YYYY</small>	

**Vehicle 3**

Registration number <input type="text"/>	State <input type="text"/>	Make (e.g. Toyota) <input type="text"/>
Model (e.g. Camry) <input type="text"/>	Body type (e.g. sedan) <input type="text"/>	Colour <input type="text"/>

**Driver/rider**

Name	Contact no.	
Address	Street type	
Suburb/town	State	Postcode
Driver licence number	Date of birth / / <small>DD/MM/YYYY</small>	

What was your role in the accident?

Driver/rider    Passenger/pillion    Cyclist    Pedestrian    Other, please specify:

If your role required the use of a seatbelt or helmet, were you wearing one?    Yes    No

If you were in or on a vehicle, what was its registration number and the State that it is registered in?

Vehicle registration number                       State

If you were in or on a vehicle, how many occupants, including the driver, were in or on that vehicle?

What was your seating position in or on the vehicle? (e.g. front right, pillion)

Was the vehicle you were in fitted with an airbag?    Yes    No      If yes, was the airbag deployed?    Yes    No

Explain **briefly** how the accident occurred.

If you have photographs or diagrams that you wish to include, please provide them on a separate page and attach to this form.

### 3. Other injured persons

**If more than 2 injured persons, please provide additional information on a separate page and attach to this form.**

State the names and addresses of all other persons injured in the accident (as far as known to you).

Name	Contact no.		
Address	Street type		
Suburb/town	State	Postcode	

Name	Contact no.		
Address	Street type		
Suburb/town	State	Postcode	

### 4. Witnesses

**If more than 2 witnesses, please provide additional information on a separate page and attach to this form.**

State the names and residential addresses of all persons who witnessed the accident (as far as known to you).

Name	Contact no.		
Address	Street type		
Suburb/town	State	Postcode	

Name	Contact no.		
Address	Street type		
Suburb/town	State	Postcode	

▶ **I declare that all information contained within this Report of Traffic Incident to Police form is true, correct and complete.**  
**Initial of claimant** \_\_\_\_\_

## 5. Declaration

### Protection of privacy

#### Use, collection and disclosure of information by the Queensland Police Service (QPS)

Please note that the information collected by this Report of Traffic Incident to Police form is used by the QPS.

- When the QPS receive your Report of Traffic Incident to Police form, your details become accessible to staff and may be recorded.
- The information may be used to assist in performing the statutory functions and responsibilities of the QPS.
- The QPS may disclose some or all of this information to other state and federal Government agencies as provided for by legislation or in accordance with the *Information Privacy Act 2009*.

#### Use, collection and disclosure of information by the Queensland Compulsory Third Party (CTP) insurance scheme

- The information collected by this Report of Traffic Incident to Police form, and throughout the course of your claim, is collected in accordance with the *Motor Accident Insurance Act 1994* and *Motor Accident Insurance Regulation 2018*.
- The information is collected so as to encourage the speedy resolution of personal injury claims resulting from motor vehicle accidents and to help the administration of the statutory insurance scheme and the detection of fraud.
- The information collected by this Report of Traffic Incident to Police form, and throughout the course of your claim, may be disclosed in accordance with the *Motor Accident Insurance Act 1994* and the *Motor Accident Insurance Regulation 2018* to such entities as the Motor Accident Insurance Commission, the Nominal Defendant, and other insurers or parties involved in the assessment of your claim.
- You are able to gain access to the personal information held as provided by the *Privacy Act 1988* (C'th), or if the information is held by the Queensland Government you are able to gain access to the information as provided by the *Information Privacy Act 2009*.

**Under Section 87U of the *Motor Accident Insurance Act 1994* a person can be fined up to 150 penalty units (which, as at 1 July 2019, is \$20,017.50) or imprisoned for up to one (1) year for knowingly providing false or misleading statements and/or documents in and with this form and in connection with the claim generally. All information you provide in the Notice of Accident Claim Form must be true, correct and complete. Refer to the *Penalties and Sentences Act 1992* (Qld) for the value of a penalty unit.**

I understand this declaration and I declare that to the best of my knowledge and belief the statements of fact contained in this Report of Traffic Incident to Police form (including the attached pages) are true, correct and complete in every respect.

#### Signature of injured person

Date

DD/MM/YYYY

#### Signature of agent (if injured person is unable to sign)

Date

DD/MM/YYYY

#### Witness of signature

I am over the age of 18 years and certify that the person/agent signing this form is known to me by the stated name on this form and I have witnessed their signing of this form.

#### Signature of witness

Place

Date

DD/MM/YYYY

Surname/family name of witness

Given name/s of witness

Address of witness

Suburb/town		Street type
State	Postcode	

#### Agent of injured person – if another person signs on behalf of the injured person

Surname/family name of agent

Given name/s of agent

Address of agent

Suburb/town		Street type
State	Postcode	

Best contact number

Email address

Relationship to the injured person

Details of injured person's legal incapacity