

Motor Vehicle Accident Notification Form

This form must be used to report any motor vehicle accidents that occur on NT Airports property or involve NT Airports staff or contractors.

Part 1 – Reported By

First & last name	<input type="text"/>	Phone number	<input type="text"/>
Email address	<input type="text"/>	Mobile number	<input type="text"/>
Place of employment	<input type="text"/>	Occupation	<input type="text"/>

Part 2 – Incident Location

Airport Darwin International Alice Springs Tennant Creek

Description of location

Incident date Incident time

Part 3 – Incident Summary

Describe what happened

Detail any injuries

Were the Police informed? Yes No PROMIS No.

Sketch the incident or upload a photo of the sketch

Part 4 – Incident Conditions

Road type	<input type="checkbox"/> Sealed	<input type="checkbox"/> Unsealed		
Road quality	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Visibility	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Weather	<input type="checkbox"/> Dry and sunny	<input type="checkbox"/> Light showers	<input type="checkbox"/> Heavy showers	<input type="checkbox"/> Cyclone
	<input type="checkbox"/> Dry and overcast	<input type="checkbox"/> Moderate showers	<input type="checkbox"/> Storms or squalls	

Part 5A – Vehicle 1 Details

Driver Details

First & last name	<input type="text"/>	Phone number	<input type="text"/>
Email address	<input type="text"/>	Mobile number	<input type="text"/>
Date of birth	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Drivers Licence number	<input type="text"/>	Expiry date	<input type="text"/>
Class of licence	<input type="text"/>	Issuing state	<input type="text"/>

Vehicle Details

Vehicle make/model	<input type="text"/>		
Registration number	<input type="text"/>	Expiry date	<input type="text"/>
Vehicle type	<input type="checkbox"/> Motorcycle <input type="checkbox"/> Ute (C Class) <input type="checkbox"/> Car (C Class) <input type="checkbox"/> Wagon/Van (C Class) <input type="checkbox"/> Truck (LR Class) <input type="checkbox"/> Truck (MR Class) <input type="checkbox"/> Truck (HR Class) <input type="checkbox"/> Articulated (HC/MC Class)		
Describe the damage to the vehicle	<input type="text"/>		
Is the vehicle driveable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Passenger Details

List the details of any passengers in the vehicle at the time of the incident:

Passenger 1 full name	<input type="text"/>	Phone number	<input type="text"/>
Passenger 2 full name	<input type="text"/>	Phone number	<input type="text"/>
Passenger 3 full name	<input type="text"/>	Phone number	<input type="text"/>
Passenger 4 full name	<input type="text"/>	Phone number	<input type="text"/>

Part 5B – Vehicle 2 Details (if applicable)

Driver Details

First & last name	<input type="text"/>	Phone number	<input type="text"/>
Email address	<input type="text"/>	Mobile number	<input type="text"/>
Date of birth	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Drivers Licence number	<input type="text"/>	Expiry date	<input type="text"/>
Class of licence	<input type="text"/>	Issuing state	<input type="text"/>

Vehicle Details

Vehicle make/model

Registration number Expiry date

Vehicle type Motorcycle Ute (C Class) Car (C Class) Wagon/Van (C Class)
 Truck (LR Class) Truck (MR Class) Truck (HR Class) Articulated (HC/MC Class)

Describe the damage to the vehicle

Is the vehicle driveable? Yes No

Passenger Details

List the details of any passengers in the vehicle at the time of the incident:

Passenger 1 full name Phone number

Passenger 2 full name Phone number

Passenger 3 full name Phone number

Passenger 4 full name Phone number

Part 6 – Declaration

I declare the information provided in this form is a true account of the incident. I acknowledge that NT Airports may need to disclose details of this report, including personal details, to relevant third parties.

Signature of person listed in Part 1

Date

Submit this completed form for review and action to your immediate supervisor or NTA Authorised person and a copy to the NTA Health & Safety Manager at safety@ntairports.com.au

Office Use Only

Investigation assigned to:

Name

Title Phone number