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Traffic Crash Report Form



The purpose of this form is to identify crash locations, to identify roading problems, and hence potential improvements. **It will not be used for enforcement purposes.** Please enter details as accurately as possible by circling or commenting as appropriate. This is particularly important in regard to location.

Location			<u>Injury</u>					
Local Authority:		Worst Injury						
Road:			Serious/ Minor / None / Unknown					
Place: At/or	m / km N/S/E/W of	When Crash Occurred						
	(side road / feature)	Date						
		Day S	Su / Mo / Tu / We / Th /Fr / Sa					
What Happened e.g. Car north Red Street hit truck going west on Lilac Terrace, Or: Van west on State Highway 73 lost control on right hand bend.								
Conditions Speed limit	(please enter / circle) (km/h)	Paint Markings	Pedestrian Xing / Raised Island / Painted Island / No Passing Line / Centre Line / Nil					
, , , , , , , , , , , , , , , , , , , ,			Bridge / Motorway / Rail Xing					
Road Type	1 way / 2 way	Road Feature	Flat / Hill					
Curvature	Straight / Easy / Moderate / Severe	Junction	Driveway / Roundabout / Cross					
Surface	Sealed / Unsealed		Tee / Y / More than 4 legs					
	Wet / Dry / Icy	Control	Traffic Signals / Stop Give Way / Uncontrolled					
Light	Bright sun / Overcast / Twilight / Dark	Weather	School Patrol Fine / Mist / Light Rain Heavy Rain / Snow					
Lighting	On / Off / None / UnKnown							
Number of Lanes			Frost / Strong Wind					

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<u>Diagram</u>						
						N
						^
						l
<u>Damage</u>						
Was any damage sustair	ned by guard rai	ls. sians. b	ridaes etc?			
Please identify						
Driver and Vehicle deta	nils (if known)					
Name		M/F	Age		Vehicle Reg Number	r
Police Attendance						
Did a Police Officer atter	nd the crash?	Yes / I	No			
Notified by	(May be left an	onymous)				-
Name						
Contact Phone/Address						
Return to						
Engineer Westland District Counci Private Bag 704 Hokitika 7842	I					
Your ass	sistance wil	l potent	ially help to	impi	rove Road Safe	ety