Use this form to report accidents, incidents, injuries, medical situations, or staff behaviour incidents. (Incidents involving a crime/traffic incident/damaged property should be reported directly to the Supervisor in-charge). If possible, the report should be completed within 3 days of the event. Submit completed forms to the Municipal Secretary's Office.

SIBU MUNICIPAL COUNCIL
MOTOR VEHICLE ACCIDENT REPORT

Follow instructions on other side

ACCIDENT DATE	DAY OF WEEK	TIME	NUMBER OF VEHICLES	NUMBER KILLED	NUMBER INJURED	DID POLICE NOITIFIED ☐ Yes ☐ No	POLICE REPORT NO.

Location of Accident	Route No. or Name of Street	If not intersection collision was between Road 1 ______ Road 2 ______ Distance from Road 1______

TYPE OF ACCIDENT (please tick one)	☐ Council's vehicle hit by another vehicle	☐ Hit a parked vehicle	☐ Hit moving vehicle

Your Vehicle Unit 1		**Other Vehicle Unit 2**	
	Insurance Company		Insurance Company
	Policy No.		Policy No.
Driver's License No.	Expiry Date / /	Driver's License No.	Expiry Date / /
Driver's Name		Driver's Name	
Address		Address	
Birth Date / /	Sex ☐ Male ☐ Female Telephone No.	Birth Date / /	Sex ☐ Male ☐ Female Telephone No.

Describe damage to vehicle Unit 1	Circle one of the 8 diagrams below if it adequately describes the accident or draw your own diagram in the space to the right	Indicate NORTH by putting arrow In the circle . Diagram Indicate North	Describe damage to vehicle Unit 2
	REAR END / RIGHT TURN OVERTAKING / RIGHT TURN LEFT TURN / HEAD ON INTERSECTION / SIDE SWIPE		
Estimate cost to repair			Estimate cost to repair

INJURED	Important : Number of injuries reported must be equal number entered in "Total Injured" box above. For additional injuries, provide the information on a separate piece of paper and attach. **Damage Codes: A=Severe, B=Moderate, C=Minor**				
Your Vehicle Unit 1	Name	Address	Sex	Birth Date	Injury Code
Other Vehicle Unit 2	Name	Address	Sex	Birth Date	Injury Code

VEHICLE DAMAGE	**Unit 1** Important: Circle the numbers closest to the damaged areas. Damage Estimate (Required) RM...................... 1 2 3 4 5 6 7 8	**Unit 2** Important: Circle the numbers closest to the damaged areas. Damage Estimate (Required) RM......................... 1 2 3 4 5 6 7 8
PROPERTY DAMAGE	Describe what was damaged. Property damage includes structures, trees, fences, etc. Do NOT include vehicle damage.	

Property Owner Full Name (Individual/Company)	Address	Telephone No.

SIGN HERE	**Date of Report**	**Received by**	**Date of Report Received**