

Queensland  
Compulsory Third Party Insurance (CTP)

# Report of Traffic Incident to Police

for accidents occurring on and after 1st October 2000

**Motor Accident Insurance Act 1994**

**Important Notes:**

- Complete this report if (and only if) particulars have not been reported to the Queensland Police Service, i.e. you must confirm that the Queensland Police Service do not have a report of the accident before giving this form to the Queensland Police Service.
- The statement of facts contained in this report must be true, correct and complete.
- The completed report is to be lodged at the Police Station nearest the place where the accident occurred

## I. Injured Person

Surname/Family Name

Given Names

Gender

Male  Female

Date of Birth

 /  / 

Home Address

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> |                      |
| <input type="text"/> | <input type="text"/> |
| Suburb/Town          | Postcode             |

Telephone

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residential          | Work                 | Mobile               |

State the general nature of the personal injury suffered by you

  

## 2. Accident

Date and time of accident

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date                 | Day                  | Time                 |
| /                    |                      | am/pm                |

Place of accident — include name of nearest cross road or property number

|                              |  |
|------------------------------|--|
| <input type="text"/>         | <input type="text"/>                     |
| Street/H'way                 | Suburb/Town/Shire/Area                   |
| At or near intersection with | If near, distance from that intersection |

If no intersection in vicinity, name nearest feature such as house number, light pole number or bridge

Direction from nearest intersection or feature (Example North, South, East or West)

(Continued overleaf)

Identify all motor vehicles involved in the accident (as far as known to you)

If more than 4 vehicles, please provide the additional information on a separate page and attach to this form

**Vehicle 1**

|                      |                      |                      |                       |
|----------------------|----------------------|----------------------|-----------------------|
| Registration Number  | State                | Make (eg. Ford)      | Body Type (eg. Sedan) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

**Driver/Rider**

|               |
|---------------|
| Name          |
| Address       |
| Telephone No. |

**Vehicle 2**

|                      |                      |                      |                       |
|----------------------|----------------------|----------------------|-----------------------|
| Registration Number  | State                | Make (eg. Ford)      | Body Type (eg. Sedan) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

**Driver/Rider**

|               |
|---------------|
| Name          |
| Address       |
| Telephone No. |

**Vehicle 3**

|                      |                      |                      |                       |
|----------------------|----------------------|----------------------|-----------------------|
| Registration Number  | State                | Make (eg. Ford)      | Body Type (eg. Sedan) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

**Driver/Rider**

|               |
|---------------|
| Name          |
| Address       |
| Telephone No. |

**Vehicle 4**

|                      |                      |                      |                       |
|----------------------|----------------------|----------------------|-----------------------|
| Registration Number  | State                | Make (eg. Ford)      | Body Type (eg. Sedan) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

**Driver/Rider**

|               |
|---------------|
| Name          |
| Address       |
| Telephone No. |

What was your part in the accident-  
driver  rider  passenger  cyclist  pedestrian  other

If you were in or on a vehicle, what was its registration number and state Reg. No. \_\_\_\_\_ State \_\_\_\_\_

**3. Other Injured Persons**

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

|               |               |
|---------------|---------------|
| <b>1</b> Name | <b>2</b> Name |
| Address       | Address       |
| Telephone No. | Telephone No. |

**4. Witnesses**

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

|               |               |
|---------------|---------------|
| <b>1</b> Name | <b>2</b> Name |
| Address       | Address       |
| Telephone No. | Telephone No. |

**5. Signature and Date**

**Signature of Injured Person**  Date

**Signature of Agent (if injured person is unable to sign)**  Date

Agent may be a parent, other relative, guardian or friend of the injured person - If Agent has signed, advise:

|                                    |  |
|------------------------------------|--|
| Surname/<br>Family Name of Agent   | Given Name of Agent                      |
| Address of Agent                   | Telephone No.                            |
| Relationship to the injured person | Reason why injured person could not sign |



