

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.

What was your part in the accident?

driver <input type="checkbox"/>	rider <input type="checkbox"/>	passenger <input type="checkbox"/>	cyclist <input type="checkbox"/>	pedestrian <input type="checkbox"/>	other <input type="checkbox"/>
---------------------------------	--------------------------------	------------------------------------	----------------------------------	-------------------------------------	--------------------------------

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

Reg. No. _____	State _____
----------------	-------------

Explain **briefly** how the accident occurred.

3. Other Injured Persons

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

1 Name	2 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)

1 Name	2 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/ 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