


Traffic Crash Report Form

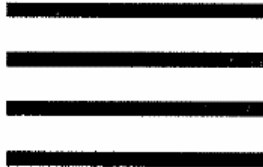
The purpose of this form is to identify crash locations, to identify road problems, and undertake potential road improvements. **It will not be used for enforcement purposes.** Please enter details as accurately as possible by circling or commenting as appropriate. This is particularly important in regard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

<u>Location</u> Local Authority: <u>Central Otago District</u> Road Name: .At/or _____ . m/km N/S/E/W of _____ . (side road/feature)		<u>Injury:</u> Worst Injury – Serious/Minor/None	
		<u>When Crash Occurred</u> Date / / Time _____ . am / pm Day Su/Mo/Tu/We/Th/Fr/Sa	
<u>What Happened</u> e.g. Car north on Smith Street hit truck going west on Brown Avenue. Or Van west on Wilson Road lost control on right hand bend. : :			
<u>Diagram</u>			
<u>Conditions</u> (please enter/circle) (Optional) Speed Limit ____ . Curve Advisory Speed ____ . Curvature Straight/Easy/Moderate/Severe Surface Sealed/Unsealed Wet/Dry/Icy Light Brightsun/Overcast/Twilight/ Dark Lighting On/Off/None/UnKnown Number of lanes ____ .		Paint Pedestrian Xing/Raised Markings Island/Painted Island/No Passing Line/Centre Line/Nil Road Bridge Feature Flat/Hill Junction Driveway/ Cross/Tee /Y/More than 4 legs Control Stop/Give Way/ Uncontrolled/School Patrol Weather Fine/Mist/Light Rain/Heavy rain Snow/Frost/Strong Wind	
<u>Damage</u> Was any damage sustained to by guard rails, signs, bridges etc? Please identify			
<u>Police attendance</u> Did a police officer attend the crash? Yes / No			
<u>Notified By</u> (May be left anonymous) Name _____ . Contact Phone / Address			
<u>Driver and vehicle details</u> (optional) Name _____ . M/F _____ . AgeVehicle Rego No. ____ . Address _____ .			

If you require assistance in filling out this form please contact: Nathan Hodges at MWH NZ Ltd
 Ph: (03)448 5454
 Email: Nathan.Hodges@mwhglobal.com



Permit Post 
PERMIT No 1679
ALEXANDRA, N.Z.



CENTRAL OTAGO DISTRICT COUNCIL
P O BOX 122
ALEXANDRA

