# ACCIDENT/INCIDENT FOLLOW UP REPORT

**ACCIDENT/INCIDENT REFERENCE NUMBER**

**VEHICLE REGISTRATION**

**DATE OF ACCIDENT/INCIDENT**

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**ATTACHMENTS (To be received within 7 days of the above date)**

1. FORM 9 ACCIDENT/INCIDENT REPORT (2 Sheets)
2. TRIP AUTHORITY (Copy)
3. VEHICLE OPERATOR'S LICENCE (Copy)
4. POLICE CASE REPORT (Copy)

**CHECK**

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**FOLLOW UP CODES TO BE USED ON SUBSEQUENT PAGES**

1. Attachments received - progress
2. Police informed - progress
3. Insurance Company notified - progress
4. Condition and Location of injured - progress
5. Notification of relatives of injured - progress
6. Contact with other vehicle owner(s) - progress
7. Contact with witnesses - progress
8. Notification to relevant parties internally - progress
9. Distribution of document copies - progress
10. Safe keeping of vehicle equipment, keys etc.
11. Cancellation of any cards, notification of issuers
12. Arrange and follow up on repairs - progress
13. Follow up with Vehicle Operator: discipline, training - progress
14. Conclusion - progress

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**OFFICER RESPONSIBLE FOR FOLLOW UP**

**NAME**

**DATE REPORT OPENED**