



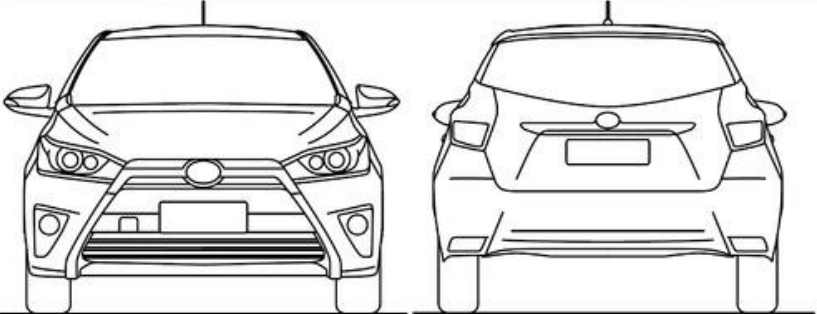
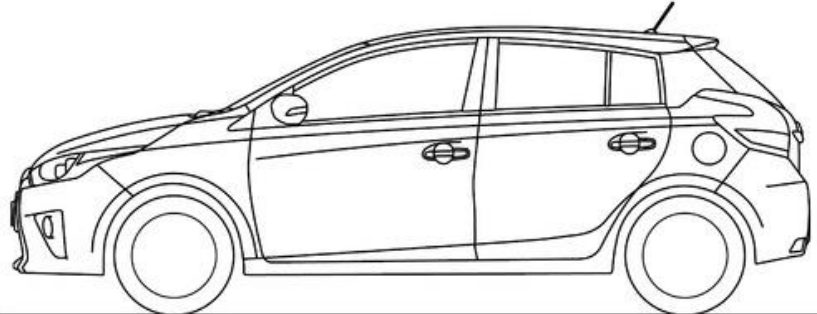
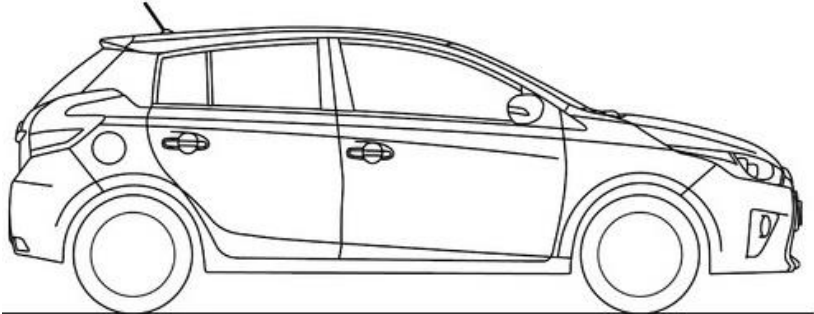
Accident Reporting Procedure

Date:	Time:	Location:
Mentor Name:		Contact No.:
Learner Driver Name:		
Police Details:		
Type of Incident:		
Single car	Two car	Multi car
Minor incident	Major incident	
Description of incident (including road conditions):		
Were there persons injured in the incident?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes - Please specify	
Was there equipment damage?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes Please specify below	

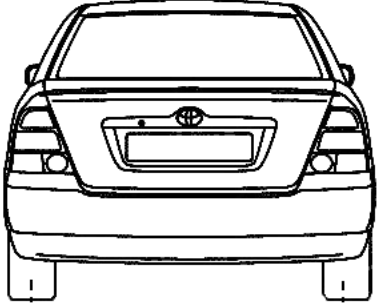
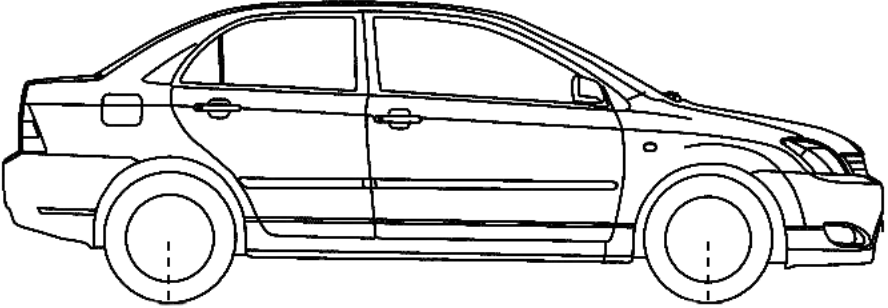
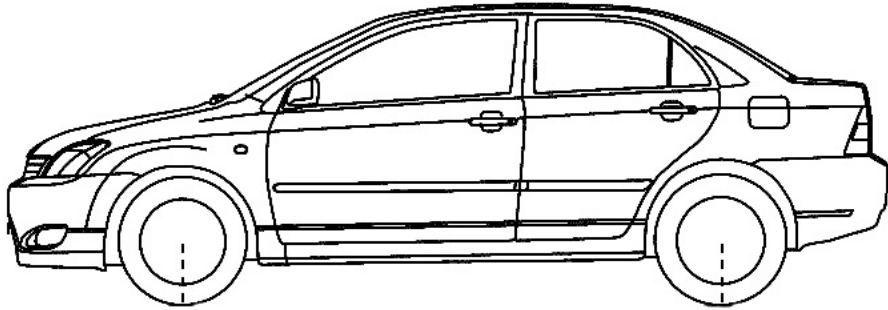
Follow-up action undertaken:	
Signature:	Date:
L2P Coordinator (Print Name):	

Other Driver	
Name:	
Address:	
Phone number:	Date of birth:
License number:	
Registered owner (if different from driver)	
Name:	
Address:	
Phone number:	
Car details	
Year:	Make:
Registration:	Colour:
Insurance Company:	
Witness Details	
Witness name:	
Witness address:	
Witness phone:	

BRIEF DESCRIPTION OF DAMAGE TO L2P Vehicle – please mark on the diagrams



BRIEF DESCRIPTION OF DAMAGE TO THE OTHER CAR(s) - please mark on the diagrams



Please draw a diagram of the road and the vehicle positioning at the time of the accident: