

Police station area where accident occurred KINKEL BOS AR no 13/04/2016 Form 01 of 0

CAS 0105/2016 Accident Report (AR) Form

Accident number MTW0000555 Accident date (DD/MM/YYYY) 30/04/2016

Day of week: Su M Tu W Th F SaX Number of vehicles involved 04 Time of accident (24h) 19:00

Built-up area: 1 Yes 2 X No Speed limit on road 110 km/h

Wine 1 X EC 2 TS 3 GP 4 KZN 5 MP 6 NW 7 NC 8 LM 9 WC

Road name/road number N2-12 102E

\*At intersection with (street/road name/road no.)

\*Or between (street/road name/road no.) and (street/road name/road no.)

\*Suburb (if in city/town)

\*City/town name

\*At intersection with (road number/name) N2 NATIONAL ROAD

\*Or approximately 500M km measured in compass direction NX S E W

from PORT ALFRED OFF RAMP

\*Information on kilometre marker: road no./section N2-12 km 102

Between (city/town) NANAGA and (city/town) GOOD EARTH FARM

PS reading: X co-ordinate Y co-ordinate

PARTICULARS OF DRIVER A OR A

1 SOUTH AFRICAN 1/23

1 EDERHEITMANN

1 ARL 1/9

1 2 MAIN STREET

1 GEORGE

1 ) H W

1 ) H W

1 Asian 2 Black 3 Coloured

1 White 98 Other 00 Unknown

1 Male 2 Female 0 Unknown

1 DL 2 LL

1 9 None

1 A B C1 C EB

1 EC Other (specify)

1 Killed 2 Serious 3 Slight 4 No injury

1 N/A

1 X Yes 2 No 0 Unknown

1 X Yes 2 No 0 Unknown

1 Yes 2 X No

1 Yes 2 X No

1 No 1 Yes X (Write particulars on page 3)

DETAILS OF VEHICLE A OR A

N X S E W

Check if front and back number correspond with licence disc and expiry date

CJ 39831

11450046LV0F

BLUE

VEHICLES

Travel towards direction

Number plate number

Licence disc number

Colour

DRIVERS/CYCLISTS

ID type/ ID number/ age

Country of origin of ID

Surname

Full name/ initials other names

Residential/home address

Telephone number

Work/contact address

Cellphone/other number

How would you describe the driver?

Gender

Driving/Learner Licence number & date of issue (DD/MM/YYYY)

Driving/Learner Licence code

Severity of injury

Ambulance service, driver, case reference number & hospital

Seatbelt fitted/helmet present

Seatbelt/helmet definitely used

Liquor/drug use suspected

Liquor/drug use: evidentiary tested

Any passengers/pedestrians?

DETAILS OF VEHICLE B OR B

N S X E W

Check if front and back number correspond with licence disc and expiry date

DJ 89 BFQ

SILVER



# VEHICLE TYPE

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

or car or station wagon ☒ A ☒ B

minibus ☒ A ☒ B

bus ☒ A ☒ B

train ☒ A ☒ B

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

delivery vehicle ☒ A ☒ B

van ☒ A ☒ B

(M>3500kg (greater than)) ☒ A ☒ B

truck articulated ☒ A ☒ B

truck articulated multiple ☒ A ☒ B

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

motorcycle ☒ A ☒ B

over 125cc ☒ A ☒ B

cycle ☒ A ☒ B

quadricycle ☒ A ☒ B

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

tricycle ☒ A ☒ B

mobile equipment (driven) ☒ A ☒ B

traveller ☒ A ☒ B

tractor ☒ A ☒ B

animal-drawn vehicle ☒ A ☒ B

Other (specify) ☒ A ☒ B

# LIGHT CONDITION

Daylight ☒ 3 ☒ Night: full ☒ 8 ☒ Other (specify)

Night: lit by street lights ☒ 4 ☒ Dawn/dusk

# WEATHER CONDITIONS AND VISIBILITY

☒ Clear ☒ 4 ☒ Mist/fog ☒ 7 ☒ Fire/smoke

Overcast ☒ 5 ☒ Hail/snow ☒ 9 ☒ Severe wind

Rain ☒ 6 ☒ Dust ☒ 0 ☒ Unknown

# ROAD SURFACE TYPE

Concrete ☒ 3 ☒ Gravel ☒ 6 ☒ Other (specify)

Tarmac ☒ 4 ☒ Dirt

# QUALITY OF ROAD SURFACE

☒ Good ☒ 4 ☒ Cracks

Bumpy ☒ 5 ☒ Corrugated

Pothole ☒ 8 ☒ Other (specify)

# ROAD SURFACE

☒ Dry ☒ 5 ☒ Snow ☒ 9 ☒ Water: standing or moving

Wet ☒ 6 ☒ Loose gravel or sand

Wet in areas ☒ 7 ☒ Slippery

Ice ☒ 8 ☒ Other (specify)

# ROAD MARKING VISIBILITY

Unknown ☒ 2 ☒ Not good (specify)

Good ☒ 7 ☒ N/A

# TRAFFIC CONTROL TYPE

(Mark ONE only)

1 ☒ Robot ☒ 8 ☒ All robots out of order

2 ☒ Stop sign ☒ 9 ☒ Some robots out of order (specify)

3 ☒ Yield sign ☒ 10 ☒ Flashing robot (red/yellow)

4 ☒ Officer ☒ 11 ☒ Boom

5 ☒ Officer+robot ☒ 12 ☒ Pedestrian crossing

6 ☒ Uncontrolled junction ☒ 13 ☒ Barrier line

7 ☒ Not at junction crossing or barrier line

# ROAD SIGNS CLEARLY VISIBLE

1 ☒ Yes ☒ 2 ☒ No ☒ 7 ☒ N/A

# CONDITION OF ROAD SIGNS

1 ☒ Good ☒ 2 ☒ Not good ☒ 3 ☒ Damaged or missing

7 ☒ N/A (specify)

# DIRECTION OF ROAD

(Mark ONE only)

1 ☒ Straight ☒ 2 ☒ Curving ☒ 3 ☒ Sharp curve (90 degree bend)

# FLAT OR SLOPED

(Write vehicle reference letter (A, B, C, etc.) in the blocks)

1 ☒ Flat ☒ 2 ☒ Uphill ☒ 4 ☒ Steep uphill

3 ☒ Downhill ☒ 5 ☒ Steep downhill

# POSITION OF VEHICLE BEFORE ACCIDENT

Write the vehicle reference letter (A, B, C, etc.) in the blocks

1 ☒ Correct road lane ☒ 4 ☒ Road shoulder

2 ☒ Wrong road lane (but right side of road) ☒ 5 ☒ On road parking bay

3 ☒ Wrong side of road ☒ 6 ☒ Off road parking bay

# VEHICLE MANOEUVRE/WHAT DRIVER WAS DOING

Write the vehicle reference letter (A, B, C, etc.) in the blocks

01 ☒ Turning right ☒ 12 ☒ Sudden stop

02 ☒ Turning left ☒ 13 ☒ Busy parking

03 ☒ U-turn ☒ 15 ☒ Changing lane

04 ☒ Enter traffic flow ☒ 16 ☒ Swerving

05 ☒ Merging ☒ 17 ☒ Slowing down

06 ☒ Diverging ☒ 18 ☒ Avoiding object

07 ☒ Overtaking: pass to right ☒ 19 ☒ Stationary (eg waiting in queue)

08 ☒ Overtaking: pass to left ☒ 20 ☒ Parked (as a parking bay)

09 ☒ Travelling straight ☒ 21 ☒ Other

10 ☒ Reversing

11 ☒ Sudden start

# VEHICLE DAMAGE

Write the vehicle reference letter (A, B, C, etc.) in the blocks

01 ☒ Right front ☒ 11 ☒ Bumper ☒ A ☒ B

02 ☒ Right mid-front ☒ 12 ☒ Roof

03 ☒ Right mid-back ☒ 13 ☒ Boot

04 ☒ Back right ☒ 14 ☒ Multiple ☒ A

05 ☒ Back centre ☒ 15 ☒ Caught fire

06 ☒ Back left ☒ 16 ☒ Rolled ☒ A

07 ☒ Left mid-back ☒ 17 ☒ Damage undercarriage

08 ☒ Left mid-front ☒ 18 ☒ Damage

# ACCIDENT TYPE

(Mark ONE only)

1 ☒ Head/rear end ☒ 11 ☒ Single vehicle overturned

2 ☒ Head on ☒ 12 ☒ Accident with pedestrian

3 ☒ Side A not approach direction ☒ 13 ☒ Accident with animal (specify)

4 ☒ Side A not same direction ☒ 14 ☒ Accident with train

8 ☒ Approach at angle both travelling straight ☒ 15 ☒ Accident with fixed/other object (specify)

16 ☒ Single vehicle left the road

# Was this a Hit & Run accident?

☒ Yes ☒ No

# ACCIDENT SKETCH

Sketch showing direction of travel, position and reference number of each vehicle, pedestrian, alleged point of impact, any more fixed points, and other object(s) involved. Measure, if possible, in metres.

# BRIEF DESCRIPTION OF THE ACCIDENT

Alleged by driver of miv C that he was driving in front of miv A driving behind him. MIV B move over to the wrong on coming lane and hit miv C first side swipe opposite direction. then thereafter miv B collided head on with miv A. Driver of miv A was trapped inside the vehicle and was declared dead.



# SUMMARY OF PERSONS INVOLVED (including driver/cyclist)

1. Number of persons dead (killed): 001  
 2. Number of persons seriously injured: 002  
 3. Number of persons slightly injured: 001  
 4. Number of persons not injured: 011

## PARTICULARS OF PASSENGERS WHO ARE NOT INJURED

Surname and initials: [ ] Passenger number: [ ] in vehicle (A, B, etc.): [ ]  
 ID number: [ ] / [ ] Telephone/Cellphone number: [ ] H [ ] W [ ]  
 Surname and initials: [ ] Passenger number: [ ] in vehicle (A, B, etc.): [ ]  
 ID number: [ ] / [ ] Telephone/Cellphone number: [ ] H [ ] W [ ]  
 Surname and initials: [ ] Passenger number: [ ] in vehicle (A, B, etc.): [ ]  
 ID number: [ ] / [ ] Telephone/Cellphone number: [ ] H [ ] W [ ]

## PARTICULARS OF KILLED OR INJURED PASSENGERS AND PEDESTRIANS

Passenger number (1, 2, etc.): 01 In vehicle (A, B, etc.): A Pedestrian (P, Q, etc.): [ ]  
 Surname: SOUTH AFRICAN  
 Country of origin of ID: GERRANS  
 Surname: [ ]  
 Age: 20  
 Home/contact address: 19 AFRICAN LODGE  
 Telephone number: [ ]  
 Cellphone/other number: [ ]  
 How would you describe the person?  
 1. Asian 2. Black 3. Coloured  
 4. X White 98. Other 00. Unknown  
 Gender: 1. X Male 2. Female 0. Unknown  
 Severity of injury: 1. Killed 2. X Serious 3. Slight 4. No injury  
 Ambulance service, driver, case reference number & hospital: [ ]  
 Seatbelt fitted/helmet present: [ ]  
 Seatbelt/helmet definitely used: [ ]  
 Liquor/drug use suspected: [ ]  
 \*Liquor/drug use: evidentiary tested: [ ]

Passenger number (1, 2, etc.): 02 In vehicle (A, B, etc.): A Pedestrian (P, Q, etc.): [ ]  
 Surname: SOUTH AFRICAN  
 Country of origin of ID: LOVELAND  
 Surname: [ ]  
 Age: 24  
 Home/contact address: 19 AFRICAN LODGE  
 Telephone number: [ ]  
 Cellphone/other number: [ ]  
 How would you describe the person?  
 1. Asian 2. Black 3. Coloured  
 4. X White 98. Other 00. Unknown  
 Gender: 1. X Male 2. Female 0. Unknown  
 Severity of injury: 1. Killed 2. X Serious 3. Slight 4. No injury  
 Ambulance service, driver, case reference number & hospital: Gardmed, Marius Heyns, Livingstone Hospital  
 Seatbelt fitted/helmet present: [ ]  
 Seatbelt/helmet definitely used: [ ]  
 Liquor/drug use suspected: [ ]  
 \*Liquor/drug use: evidentiary tested: [ ]

Passenger number (1, 2, etc.): 01 In vehicle (A, B, etc.): B Pedestrian (P, Q, etc.): [ ]  
 Surname: SOUTH AFRICAN  
 Country of origin of ID: LLIAMS  
 Surname: [ ]  
 Age: 52  
 Home/contact address: 2336 MANKAYI STREET  
 Telephone/contact number: [ ]  
 Cellphone/other number: [ ]  
 How would you describe the person?  
 1. Asian 2. X Black 3. Coloured  
 4. White 98. Other 00. Unknown  
 Gender: 1. X Male 2. Female 0. Unknown  
 Severity of injury: 1. Killed 2. Serious 3. Slight 4. X No injury  
 Ambulance service, driver, case reference number & hospital: N/A

Passenger number (1, 2, etc.): 02 In vehicle (A, B, etc.): B Pedestrian (P, Q, etc.): [ ]  
 Surname: SOUTH AFRICAN  
 Country of origin of ID: QHINA  
 Surname: [ ]  
 Age: [ ]  
 Home/contact address: 2336 MANKAYI STREET  
 Telephone/contact number: [ ]  
 Cellphone/other number: [ ]  
 How would you describe the person?  
 1. Asian 2. X Black 3. Coloured  
 4. White 98. Other 00. Unknown  
 Gender: 1. X Male 2. Female 0. Unknown  
 Severity of injury: 1. Killed 2. Serious 3. Slight 4. X No injury  
 Ambulance service, driver, case reference number & hospital: N/A



**WITNESSES**

A police/traffic officer/other authorised person must make an attempt to obtain witnesses to an accident. This is particularly important in respect of independent eyewitnesses.

Standers at a scene of an accident must not be chased away before a good attempt is made by an officer to find out whether anyone witnessed the accident, and/or can give valuable information about circumstances relating to the accident, and/or can assist with the identification of deceased or seriously injured persons involved in the accident.

In the event of a reliable witness (passenger or independent eyewitness) residing or working in another city/town, an affidavit must, as soon as possible, be taken from him/her either at the scene or at the police station/traffic department. (This is in the event of a CR/CAS police docket being registered.)

Independent eyewitness ☐ Passenger of vehicle ☐

*NA*

Code ☐

( )

Surname & initials  
Work/contact  
address

Cellphone number/  
Telephone number

Independent eyewitness ☐ Passenger of vehicle ☐

*NA*

Code ☐

( )

**PEDESTRIANS AND CYCLISTS ONLY: Person Reference**

**Position**  
Roadway 2 ☐ Sidewalk/verge 3 ☐ Shoulder of road 4 ☐ Median

**Location**  
Within marked crossing 2 ☐ Within 50m of crossing 3 ☐ Not at crossing

**Manoeuvre**  
Facing traffic 2 ☐ Back to traffic 3 ☐ Crossing road


**Pedestrian Action** (for pedestrians only)  
Walking 2 ☐ Running 3 ☐ Standing 4 ☐ Playing  
Sitting 6 ☐ Lying down 7 ☐ Working 8 ☐ Other

**Colour of clothing**  
Light 2 ☐ Dark 3 ☐ Light&Dark 4 ☐ Reflective  
Other (Specify) \_\_\_\_\_

**DANGEROUS GOODS ONLY: Vehicle Reference**

**Dangerous goods carried in/on vehicle** Y N  
1. Dangerous goods carried ☐ ☐  
2. Spillage occurred ☐ ☐  
3. Vapour/gas emission occurred ☐ ☐

**If dangerous goods were carried** Y N  
Dangerous goods placard displayed on vehicle: ☐ ☐

  
Code/SIN  
Substance Identification Number

Draw placard and write the Code/SIN on the diagram

**SPECIAL OBSERVATIONS: Vehicle reference**

appears to have burst 1 ☐ No 2 ☐ Yes 0 ☐ Unknown  
Length of skidmarks: Tape measure \_\_\_\_\_ metres  
Tires 1 ☐ Good 2 ☐ Faulty/not visible 0 ☐ Unknown  
Reflector quality (reflective tape) 1 ☐ Good 2 ☐ Faulty/not visible 0 ☐ Unknown  
Mirror quality 1 ☐ Good 2 ☐ Faulty/not visible 0 ☐ Unknown  
Other/Comment \_\_\_\_\_

**SPECIAL OBSERVATIONS: Person number 1 in vehicle A**

Trapped/fallen out? 1 ☒ Trapped 2 ☐ Fallen out 7 ☐ N/A  
Use of cellphone or other hand-held instrument suspected 1 ☐ Yes 2 ☒ No  
Other relevant information (e.g. disabled person, etc) *NA*

**SPECIAL OBSERVATIONS: Person number 1 in vehicle B**

Trapped/fallen out? 1 ☒ Trapped 2 ☐ Fallen out 7 ☐ N/A  
Use of cellphone or other hand-held instrument suspected 1 ☐ Yes 2 ☒ No  
Other relevant information (e.g. disabled person, etc) *N/A*

**SPECIAL OBSERVATIONS: vehicle reference**

appears to have burst 1 ☐ No 2 ☐ Yes 0 ☐ Unknown  
Length of skidmarks: Tape measure \_\_\_\_\_ metres  
Tires 1 ☐ Good 2 ☐ Faulty/not visible 0 ☐ Unknown  
Reflector quality (reflective tape) 1 ☐ Good 2 ☐ Faulty/not visible 0 ☐ Unknown  
Other/Comment \_\_\_\_\_

Particulars of summons/written notice to appear in court issued by officer

Particulars of notice to discontinue use of vehicle issued by officer

**SUID-AFRIKAANSE POLISIEDIENS**

In which area the accident occurred  
Reference Book no. 1504/04/2016  
Registration no. 13/04/2016  
CAS no. 01/05/2016  
Date Stamp KINKELBOS  
ADMINISTRASIE DIENSTE  
2016-04-30  
KINKELBOS  
ADMINISTRATION SERVICE

Office where accident was reported/form is completed  
Name of Department (Mat/Mix Pol./Tembu/SAPS) KINKELBOS SAPS  
Reference Book no. 05/09/2016  
COMPLETED BY: Driver, official, etc. OFFICIAL



Station area where accident occurred **KINKELBOS** AR no **13/04/2016** Form **02** of **02**  
(\* COMPLETE IF APPLICABLE)

# Accident Report (AR) Form

CAS **01/05/2016** MTW0000556

Accident date (DD/MM/YYYY) **36/04/2016**

Day of week: Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☒

Number of vehicles involved **04**

Time of accident (24h) **19:00**

Build-up area: 1 ☐ Yes 2 ☒ No

Speed limit on road **160** km/h

Inter: ☒ EO 2 ☐ ES 3 ☐ EP 4 ☐ KZN 5 ☐ MP 6 ☐ NW 7 ☐ NC 8 ☐ LM 9 ☐ WG

St/road name/road number **N2-12 19/26**

\*At intersection with (street/road name/road no.)

\*Or between (street/road name/road no.)

and (street/road name/road no.)

\*Suburb (if in city/town)

\*City/town name

\*At intersection with (Road number/line) **N2 NATIONAL RD**

Or approximately **500M** km measured in compass direction **NX** S ☐ E ☐ W ☐

from **PORT ALFRED OFF RAMP**

(Describe road point of entry, exit, intersection, etc. in detail, including name of building, etc. if applicable)

\*Information on kilometre marker, road no./section **N2+12** km **102**

\*Between (city/town) **NANAGA** and (road/line) **GOOD EARTH**

S reading: ☒ co-ordinate

Y co-ordinate

Particulars of Driver A OR C

ID type/ ID number/ age **17908095788086 /36**

Country of origin of ID **SOUTH AFRICAN**

Surname **AMBELA**

Full name/ initials other names **HIKOLETHY PEACEMAKER/PP**

Residential/home address **177 MDANTSANE NUT**

Telephone number **AST LONDON**

Work/contact address

Cellphone/other number **78) 5590262**

How would you describe the driver?

Gender

Driving/Learner Licence number & date of issue **DL 2 LL 60710000 BFRB**

Driving/Learner Licence code

Severity of injury

Ambulance service, driver, case reference number & hospital

Seatbelt fitted/helmet present

Seatbelt/helmet definitely used

Liquor/drug use suspected

Liquor/drug use: evidentiary tested

Any passengers/pedestrians?

Particulars of Driver B OR D

ID type/ ID number/ age **17902035557081 /37**

Country of origin of ID **SOUTH AFRICAN**

Surname **NEBE**

Full name/ initials other names **LULAMA**

Residential/home address **3 DIM ENI STREET**

Telephone number **KWANOBUHLE 4TH**

Work/contact address **(078) 2058980**

Cellphone/other number

How would you describe the driver?

Gender

Driving/Learner Licence number & date of issue **DL 2 LL 108000002 B44B**

Driving/Learner Licence code

Severity of injury

Ambulance service, driver, case reference number & hospital

Seatbelt fitted/helmet present

Seatbelt/helmet definitely used

Liquor/drug use suspected

Liquor/drug use: evidentiary tested

Any passengers/pedestrians?

Particulars of Vehicle A OR C

Travel towards direction **NX** S ☐ E ☐ W ☐

Number plate number **HJM 769 EC**

Licence disc number **120200009TV7**

Colour **WHITE**

Make **TOYOTA**

Particulars of Vehicle B OR D

Travel towards direction **NX** S ☐ E ☐ W ☐

Number plate number **HPS 277 EC**

Licence disc number **10370207CB8MB**

Colour **BRONZE**

Make **TOYOTA**



**VEHICLE TYPE**

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

Motor car or station wagon ☒ C ☐ D

Comb./minibus ☒ C ☐ D

Mp. bus ☒ C ☐ D

Bus ☒ C ☐ D

Bus-train ☒ C ☐ D

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

Light delivery vehicle ☒ A ☐ B

Panel van ☒ A ☐ B

GVM > 3500 kg (greater than) ☒ A ☐ B

Truck articulated ☒ A ☐ B

Truck articulated multiple ☒ A ☐ B

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

125 cc and under ☒ A ☐ B

Above 125 cc ☒ A ☐ B

Tri-cycle ☒ A ☐ B

Quadri-cycle ☒ A ☐ B

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

Bicycle ☒ A ☐ B

Mobile equipment (driven) ☒ A ☐ B

Caravan/trailer ☒ A ☐ B

Tractor ☒ A ☐ B

Animal drawn vehicle ☒ A ☐ B

Other (specify) ☐ A ☐ B

**LIGHT CONDITION**

Daylight ☐ 3 ☒ Night, unit ☐ 8 ☐ Other (specify)

Night, lit by street lights ☐ 4 ☐ Dawn/dusk ☐

**WEATHER CONDITIONS AND VISIBILITY**

☒ Clear ☐ 4 ☐ Mist/fog ☐ 7 ☐ Fire/smoke

Overcast ☐ 5 ☐ Hail/snow ☐ 9 ☐ Severe wind

Rain ☐ 6 ☐ Dust ☐ 0 ☐ Unknown

**ROAD SURFACE TYPE**

Concrete ☐ 3 ☐ Gravel ☐ 8 ☐ Other (specify)

☒ Tarmac ☐ 4 ☐ Dirt ☐

**QUALITY OF ROAD SURFACE**

☒ Good ☐ 4 ☐ Cracks ☐

Bumpy ☐ 5 ☐ Corrugated ☐

Pothole ☐ 6 ☐ Other (specify)

**ROAD SURFACE**

☒ Dry ☐ 5 ☐ Snow ☐ 8 ☐ Water standing or moving

Wet ☐ 6 ☐ Loose gravel or sand ☐

Wet in areas ☐ 7 ☐ Slippery ☐

Ice ☐ 9 ☐ Other (specify)

**ROAD MARKING VISIBILITY**

Unknown ☐ 2 ☐ Not good (specify)

☒ Good ☐ 7 ☐ N/A

**INSTRUCTIONS**

Accident site ☐ 3 ☐ Roadblock ☐ 9 ☒ None

**TRAFFIC CONTROL TYPE**

1 ☐ Robot ☐ 8 ☐ All robots out of order

2 ☐ Stop sign ☐ 9 ☐ Some robots out of order (specify)

3 ☐ Yield sign ☐ 10 ☐ Flashing robots (red/yellow)

4 ☐ Officer ☐ 11 ☐ Bomb

5 ☐ Officer-robot ☐ 12 ☐ Backlight crossing

6 ☐ Uncontrolled junction ☐ 13 ☐ Barrier line

7 ☒ Not at junction crossing or barrier line

**ROAD SIGNS**

1 ☒ Yes ☐ 2 ☐ No ☐ 7 ☐ N/A

**CONDITION OF ROAD SIGNS**

1 ☒ Good ☐ 2 ☐ Not good ☐ 3 ☐ Damaged or missing

7 ☐ N/A (specify)

**DIRECTION OF ROAD**

1 ☒ Straight ☐ 2 ☐ Curving ☐ 3 ☐ Sharp curve (specify)

**FLAT OR SLOPED**

1 ☐ Flat ☐ 2 ☐ Uphill ☐ 4 ☐ Steep uphill

3 ☐ Downhill ☐ 5 ☐ Steep downhill

**POSITION OF VEHICLE BEFORE ACCIDENT**

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

1 ☐ Correct road lane ☒ C ☐ 4 ☐ Road shoulder

2 ☐ Wrong road lane (but on road) ☐ 5 ☐ On road parking bay

3 ☐ Wrong side of road ☐ 6 ☐ Off road parking bay

**VEHICLE MANOEUVRE/WHAT DRIVER WAS DOING**

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

01 ☐ Turning right ☐ 12 ☐ Sudden stop ☐

02 ☐ Turning left ☐ 13 ☐ Busy parking ☐

03 ☐ U-turn ☐ 14 ☐ Changing lane ☐

04 ☐ Enter traffic flow ☐ 15 ☐ Swerving ☐

05 ☐ Merging ☐ 16 ☐ Slowing down ☐

06 ☐ Diverging ☐ 17 ☐ Avoiding object ☐

07 ☐ Overtaking: pass to right ☐ 18 ☐ Stationary (e.g. waiting in traffic)

08 ☐ Overtaking: pass to left ☐ 19 ☐ Parked (e.g. at parking bay)

09 ☐ Travelling straight ☒ C ☐ 20 ☐ Other

10 ☐ Reversing ☐

11 ☐ Sudden start ☐

**VEHICLE DAMAGE**

Write the vehicle reference letter (A, B, C, etc.) in the blocks.

01 ☐ Right front ☒ D ☐ 11 ☐ Bonnet ☐ D

02 ☐ Right mid-front ☒ C ☐ 12 ☐ Roof ☐

03 ☐ Right mid-back ☒ C ☐ 13 ☐ Boot ☐

04 ☐ Back right ☒ C ☐ 14 ☐ Multiple ☐

05 ☐ Back centre ☐ 15 ☐ Caught fire ☐

06 ☐ Back left ☐ 16 ☐ Rolled ☐

07 ☐ Left mid-back ☐ 17 ☐ Damage undercarriage ☐

08 ☐ Left mid-front ☐ 18 ☐ Damage no detail ☐

09 ☐ Left front ☐ 19 ☐ No damage ☐

**ACCIDENT TYPE**

1 ☐ Head/rear end ☐ 11 ☐ Single vehicle overturned

2 ☐ Head on ☐ 12 ☐ Accident with pedestrian

3 ☒ Sideswipe opposite directions ☐ 13 ☐ Accident with animal (specify)

4 ☐ Sideswipe same direction ☐ 14 ☐ Accident with train

5 ☐ Approach and collision travelling straight ☐ 15 ☐ Accident with fixed/other object (specify)

6 ☐ Single vehicle left the road

Was this a first time accident? ☐ Yes ☒ No

**ACCIDENT SKETCH**

Sketch of the accident scene showing the positions of the vehicles involved. The sketch shows a road with a dashed line in the center. Vehicle C is at the top, vehicle D is below it, and vehicle A is to the left. Vehicle B is at the bottom. Arrows indicate the direction of travel: PE (Police) at the top, GHT (Ground) at the bottom. A box labeled N27 10.2 is on the right.

**BRIEF DESCRIPTION OF THE ACCIDENT:**

Alleged by driver of miv c that he was driving in front and miv A driving behind him. Miv B move over to the wrong oncoming lane and hit miv c first side swipe opposite direction. Then thereafter miv B collided head on with miv A. Miv A rolled and hit miv D. Driver of Miv A was trapped inside the vehicle and was declared dead. Driver of miv B was also



# SUMMARY OF PERSONS INVOLVED (including driver/cyclist)

1. Number of persons dead (killed): 001 3. Number of persons slightly injured: 001  
2. Number of persons seriously injured: 002 4. Number of persons not injured: 011

## PARTICULARS OF PASSENGERS WHO ARE NOT INVOLVED

Surname and initials XALABILE SIPHO KAZI Passenger number 01 in vehicle (A, B, etc) C  
ID number / Telephone/Cellphone number (082) 0810859 HX W

Surname and initials XHALABILE EGNES Passenger number 02 in vehicle (A, B, etc) C  
ID number / Telephone/Cellphone number (082) 0810859 HX W

Surname and initials XHALABILE KHONZILE Passenger number 03 in vehicle (A, B, etc) C  
ID number / Telephone/Cellphone number (071) 5470726 HX W

## PARTICULARS OF KILLED OR INJURED PASSENGERS AND PEDESTRIANS

Passenger number (1, 2, etc) 02 Pedestrian (P, Q, etc) C  
in vehicle (A, B, etc) C

ID type/ ID number /  
Country of origin of ID SOUTH AFRICAN  
Surname VABAZA  
Initials N Age  
Home/contact address GQOTYINI  
ENG C 080

Telephone number (082) 2483158 HX W  
Cellphone/other number 2483158 HX W  
How would you describe the person? 1. Asian 2. X Black 3. Coloured 4. White 98. Other 00. Unknown  
Gender 1. Male 2. Female 0. Unknown  
Severity of injury 1. Killed 2. Serious 3. Slight 4. X No injury

Ambulance service, driver, case reference number & hospital N/A  
Seatbelt fitted/helmet present 1. Yes 2. No 0. X Unknown  
Seatbelt/helmet definitely used 1. Yes 2. No 0. X Unknown  
Liquor/drug use suspected 1. Yes 2. X No  
\*Liquor/drug use: evidentiary tested 1. Yes 2. X No

Passenger number (1, 2, etc) 06 Pedestrian (P, Q, etc) C  
in vehicle (A, B, etc) C

ID type/ ID number /  
Country of origin of ID SOUTH AFRICAN  
Surname MZIMASI  
Initials Z Age  
Home/contact address 3 D MENI STREET  
KWANDBUITLE UT H

Telephone/Contact number (071) 1394244 HX W  
Cellphone/other number 1394244 HX W  
How would you describe the person? 1. Asian 2. X Black 3. Coloured 4. White 98. Other 00. Unknown  
Gender 1. Male 2. Female 0. Unknown  
Severity of injury 1. Killed 2. Serious 3. Slight 4. X No injury

Ambulance service, driver, case reference number & hospital N/A

Passenger number (1, 2, etc) 05 Pedestrian (P, Q, etc) C  
in vehicle (A, B, etc) C

ID type/ ID number /  
Country of origin of ID SOUTH AFRICAN  
Surname VABAZA  
Initials N Age  
Home/contact address GQOTYINI  
ENG C 080

Telephone number (083) 6874979 HX W  
Cellphone/other number 6874979 HX W  
How would you describe the person? 1. Asian 2. X Black 3. Coloured 4. White 98. Other 00. Unknown  
Gender 1. Male 2. Female 0. Unknown  
Severity of injury 1. Killed 2. Serious 3. Slight 4. X No injury

Ambulance service, driver, case reference number & hospital N/A  
Seatbelt fitted/helmet present 1. Yes 2. No 0. X Unknown  
Seatbelt/helmet definitely used 1. Yes 2. No 0. X Unknown  
Liquor/drug use suspected 1. Yes 2. X No  
\*Liquor/drug use: evidentiary tested 1. Yes 2. X No

Passenger number (1, 2, etc) 01 Pedestrian (P, Q, etc) C  
in vehicle (A, B, etc) C

ID type/ ID number /  
Country of origin of ID SOUTH AFRICAN  
Surname MZIMASI  
Initials Z Age  
Home/contact address 3 D MENI STREET  
KWANDBUITLE UT H

Telephone/Contact number (071) 2058980 HX W  
Cellphone/other number 2058980 HX W  
How would you describe the person? 1. Asian 2. X Black 3. Coloured 4. White 98. Other 00. Unknown  
Gender 1. Male 2. X Female 0. Unknown  
Severity of injury 1. Killed 2. Serious 3. Slight 4. X No injury

Ambulance service, driver, case reference number & hospital N/A



### WITNESSES

A police/traffic officer/other authorised person must make an attempt to obtain witnesses to an accident. This is particularly important in respect of independent eyewitnesses.

Standers at a scene of an accident must not be chased away before a good attempt is made by an officer to find out whether anyone witnessed the accident, and/or can give valuable information about circumstances relating to the accident, and/or can assist with the identification of deceased or seriously injured persons involved in the accident.

In the event of a reliable witness (passenger or independent eyewitness) residing or working in another city/town, an affidavit must, as soon as possible, be taken from him/her either at the scene or at the police station/traffic department. (This is in the event of a CR/CAS police docket being registered.)

Independent eyewitness ☐ Passenger of vehicle ☐

Independent eyewitness ☐ Passenger of vehicle ☐

Surname & initials

Work/contact address

Code

Cellphone number/  
Telephone number

Code

### PEDESTRIANS AND CYCLISTS ONLY: Person Reference

Position  
Roadway 2 ☐ Sidewalk/verge 3 ☐ Shoulder of road 4 ☐ Median

Location  
Within marked crossing 2 ☐ Within 50m of crossing 3 ☐ Not at crossing

Movement  
Facing traffic 2 ☐ Back to traffic 3 ☐ Crossing road

Pedestrian Action (for pedestrians only)  
Walking 2 ☐ Running 3 ☐ Standing 4 ☐ Playing  
Sitting 6 ☐ Lying down 7 ☐ Working 8 ☐ Other

Colour of clothing  
Light 2 ☐ Dark 3 ☐ Light&Dark 4 ☐ Reflective  
Other (Specify)

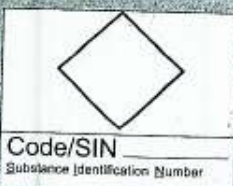
### DANGEROUS GOODS ONLY: Vehicle Reference

Dangerous goods carried in/on vehicle Y N

1. Dangerous goods carried ☐
2. Spillage occurred ☐
3. Vapour/gas emission occurred ☐

If dangerous goods were carried

Dangerous goods placard displayed on vehicle: Y N



Draw placard and write the Code/SIN on the diagram

### SPECIAL OBSERVATIONS: Vehicle reference

Appears to have burst 1 ☐ No 2 ☐ Yes 0 ☐ Unknown

Length of skidmarks: Tape measure \_\_\_\_\_ metres

Condition of tyre 1 ☐ Good 2 ☐ Faulty/not visible 0 ☐ Unknown

Condition of reflective tape 1 ☐ Good 2 ☐ Faulty/not visible 0 ☐ Unknown

Condition of quality 1 ☐ Good 2 ☐ Faulty/not visible 0 ☐ Unknown

Comment

### SPECIAL OBSERVATIONS: Person number in vehicle

Trapped/fallen out? 1 ☐ Trapped 2 ☐ Fallen out 7 ☐ N/A

Use of cellphone or other hand-held instrument suspected 1 ☐ Yes 2 ☐ No

Other relevant information (e.g. disabled person, etc)

### SPECIAL OBSERVATIONS: Person number in vehicle

Trapped/fallen out? 1 ☐ Trapped 2 ☐ Fallen out 7 ☐ N/A

Use of cellphone or other hand-held instrument suspected 1 ☐ Yes 2 ☐ No

Other relevant information (e.g. disabled person, etc)

### SPECIAL OBSERVATIONS: Vehicle reference

Appears to have burst 1 ☐ No 2 ☐ Yes 0 ☐ Unknown

Length of skidmarks: Tape measure \_\_\_\_\_ metres

Condition of tyre 1 ☐ Good 2 ☐ Faulty/not visible 0 ☐ Unknown

Condition of reflective tape 1 ☐ Good 2 ☐ Faulty/not visible 0 ☐ Unknown

Comment

Particulars of summons/written notice to appear in court issued by officer

Particulars of notice to discontinue use of vehicle issued by officer

### SUID-AFRIKAANSE POLISIEDIENS

In which area the accident occurred

Book no. 1504/04/2016

Register no. 13/04/2016

AS no. 01/05/2016

Department KINKELBOS

Police Traffic SAPS

Date Stamp KINKELBOS

ADMINISTRASIE DIENSTE

2016 -04- 30

KINKELBOS

ADMINISTRATION SERVICE

SUID-AFRIKAANSE POLISIEDIENS

Office where accident was reported/ form is completed

Name of Department (Municipality/Traffic SAPS) KINKELBOS SAPS

Office Book no. 05/09/2016

Completed by: Driver, official, etc. OFFICIAL

Initials D Rank CONST