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| ***Reporting company reference:*** *Reference Number which associates this report to an internal Job number/Contract number/Incident number* | ***CoPTTM Incident reference:*** *NZTA OFFICE USE ONLY* |
| *Reference added by reporting company* | *Reference added by the CoPTTM Incident database administrator* |
| **REPORT ON INCIDENT/CRASH AT ROADWORKS SITE** |
| ***Send to:*** ***CoPTTM.Incident@nzta.govt.nz*** ***and*** *the RCA in charge of the network (including NZTA for state highways)* |
| **Date of incident** | *This is the date of the incident/crash NOT the date when this form is completed* | **Time of incident** | *This is the time of the incident/crash NOT the date when this form is completed. If no-one on site to record the time, please state this was the case* |
| **Reported by** | *This is the name of the person who has access to all of the details of the incident/crash and is completing this form* | **Company** | *This is the name of the company who was directly involved with the incident/crash:** *The owner of the worksite*
* *The owner of vehicle/plant involved*
* *The employer of the person or persons involved*

*If sub-contractor to main contractor give both names and identify which was directly involved* |
| **STMS name** | *Give the full name of the STMS in charge of the TTM at the worksite at the time of the incident/crash* | **STMS No.** | *Give the CoPTTM ID number of the STMS in charge of the TTM at the worksite at the time of the incident/crash* |
| **Contractor /TTM Company** | *Give the name of the company/ contractor carrying out the work activity within the working space**Give the name of the TTM contractor supplying the TTM at the time of the incident/crash* | **Contact number** | *Give the telephone contact number(s) for the company/contractor carrying out the work activity within the working space**Give the telephone contact number(s) for the TTM contractor supplying the TTM at the time of the incident/crash* |
| **Road location *(include direction and lane)***  | *Wherever possible give GPS positioning of the worksite/incident/crash**Give the name of the road on which the incident/crash happened and the name of any side road(s) affected by the incident/crash**Give the suburb and region of where the road is located**Identify the direction of travel and the lane(s) vehicle(s) were travelling in prior to the incident/crash* |
| **Description of work being undertaken** | *Describe the work activity being carried out, and how the road environment was affected by the work activity and installed TTM at the time of the incident/crash**Attach a copy of the TMP being used at the time of the incident/crash to this form when submitted**Attach a copy of the On-Site Record being used at the time of the incident/crash to this form when submitted**Attach a copy of the Hazard ID form being used by the working space contractor at the time of the incident/crash to this form when submitted**Attach photographs of the worksite layout showing all TTM equipment installed at the time of the incident/crash to this form when submitted**Attach a drawing of the worksite layout showing all TTM equipment installed at the time of the incident/crash and the position of the vehicle(s)/road users involved to this form when submitted**If a video is available of the incident occurring or of the incident/crash site following the incident/crash then include when the form is submitted – NOTE the video is not to replace the required photographs* |
| **Incident** **type**  | **Near miss** | **Vehicle entered TTM** | **Vehicle entered working space** | **TMA hit** | **Other** |
| *Indicate either YES or NO – further detail to be given below in Description of events box* | *Indicate either YES or NO – further detail to be given below in Description of events box* | *Indicate either YES or NO – further detail to be given below in Description of events box* | *Indicate either YES or NO – further detail to be given below in Description of events box* | *Indicate either YES or NO – further detail to be given below in Description of events box* |
| **Operation type**  | **Static** | **Mobile** | **Semi-static** | **Shoulder** | **Unattended** |
| *Confirm if the operation at the time of the incident/crash was Static TTM* | *Confirm if the operation at the time of the incident/crash was Mobile TTM* | *Confirm if the operation at the time of incident/crash was Semi- Static TTM* | *Confirm if the operation at the time of the incident/crash was a TTM Shoulder closure* | *Indicate either YES or NO – further detail to be given below in Description of events box* |
| **Phase of operation** | **Install** | **Static, mobile, semi-static** | **Removal** |
| *Indicate either YES or NO – further detail to be given below in Description of events box* | *Indicate either YES or NO – further detail to be given below in Description of events box* | *Indicate either YES or NO – further detail to be given below in Description of events box* |
| **Damage to** | **Vehicles** | **Plant**  | **TTM equipment** |
| *Indicate either YES or NO – further detail to be given below in Description of events box* | *Indicate either YES or NO – further detail to be given below in Description of events box* | *Indicate either YES or NO – further detail to be given below in Description of events box* |
| **Injuries** | **Number of people in each injury category** | *Enter the number of people in each injury category* | **Minor** | **Notifiable** | **Fatal** |
| **Road workers** | *Confirm the number of persons injured* | *Confirm the number of persons injured* | *Confirm the number of persons injured* |
| **Road users** | *Confirm the number of persons injured* | *Confirm the number of persons injured* | *Confirm the number of persons injured* |
| **Crash code** | **From Appendix 1 attached** | **Road user**  | **Vehicle/road user type** | **Reg. number** |
| *Use the associated coding sheet to confirm type of crash*  | *Give the type of road user i.e. car; truck; motorbike; bus; cycle; pedestrian* | *Give registration numbers of all vehicles involved* |
| **If TMA hit, which TMA** | *Give the position of the TMA in relation to any other TTM vehicles and any installed TTM signs or electronic signs being used at the time of the incident/crash* | **Which lane** | *Confirm which lane the TMA was operating in and where the work vehicle/work activity was being carried out**Confirm the position of the Tail pilot vehicle, in relation to the TMA that was hit, at the time of the incident/crash* |
| **Police attended**  | *Please indicate either YES or NO – If YES then give the in charge Police officers’ name/number and any contact details available – mobile number/email address*  | **Further information** | *If there is to be more information added or is available through another source, then give the name and contact details – mobile number/email address - of the person to contact for that further information* |
| **Description of events** | *Where you have indicated YES in any of the boxes above give further details to confirm and collaborate your decision**Explain your understanding of what happened or what you witnessed of the incident/crash. If you have other company forms to assist you with recording the detail, then attach that form to this form as your explanation**Record as much detail as possible of what happened. It is important to give as much information as you can as this will assist with the understanding of the incident/crash and will help with the development of safe operating procedures into the future**The information supplied is used to look at how we can improve in the road safety and temporary traffic management area* |