# **Traffic Crash Report**



## **Date/Time and Location**

CARD Event #:		DOCLOC #:	
Occurrence ID #:		Occurred Date/Time:	20/10/2017 14:36
Location Description:	WAINGAWA ROAD		
Location Type:	Point Of Impact	Side Road or Feature:	
GPS Coordinates:	-40.970776, 175.593842)		

## **What Happened**

Officer Notes:	was driving south on one hour Road. He had a load of logs on his truck and trailer. He was turning right into Norman Avenue. As he got to the railway lines the bills and lights activated. He continued on across the railway line the train at the back of his trailer.
Objects Hit:	Nil
Crash Diagram:	See final page of this report.

## **Why Crash Happened**

Road & Roadside Factors:	N/A
Road User Factors:	N/A
Vehicle Factors:	N/A
Speed Factors:	N/A
Environmental Factors:	N/A

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### **Vehicles Involved**

Vehicle:				
Vehicle Type:	Heavy Motor ∀ehicle	CAS Vehicle Type:	Truck	
Primary Colour:		Secondary Colour:	N/A	
WoF/CoF Expiry:		TSL:	N/A	
Additional Devices:		Total Passengers (Front):	1	
Total Passengers (Rea	ar)	Total Passengers (Other):	0	
Vehicle Usage:	Logging truck			

#### **SPEED AND TRAVEL DIRECTION**

Road Travelled On:	Waingawa Road	Travel Direction:	West
State Before Crash:	Moving forward	Suspected Speed Before Crash:	kmh
Too Fast for Conditions?	No		

#### **HEAVY VEHICLE DETAILS**

Load Type:		Load Description:
Load Height:	metres	Load Secured?
Overweight Permit #:		Complies with Overweight Permit?
Underrun Protection:		

#### **DAMAGE SEVERITY AND LOCATION**

Damage Severity: Nil

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#### **DRIVER DETAILS**

Gender:	Male	Occupation:	Driver - Heavy Truck / Tanker
Address:			
Phone Number:			
Ethnicity:		Ethnicity Description:	
Driver's Comments:			
INJURIES			
Injury Scale:			
Restraint Used:	Yes	Supplementary Devices:	
LICENCE DETAILS			
NZ Licence #:		Licence Conditions Met?:	
Licence Type:		Licence Status:	
Came From:		Day Start Time:	
Company ∨ehicle?	Yes		
Company Vehicle?  Journey Part of Work?	Yes	Journey Purpose:	Work related trip
		Journey Purpose: Hours of Driving:	Work related trip
Journey Part of Work?  Hours of Sleep:	Yes		Work related trip
Journey Part of Work?  Hours of Sleep: (In the last 24 hours)  Hours Worked: (Since last 24 hour rest	Yes	Hours of Driving:  Hours Worked: (Since last 10 hour rest	Work related trip
Journey Part of Work?  Hours of Sleep: (In the last 24 hours)  Hours Worked: (Since last 24 hour rest period)  Hours Since last 10 hour	Yes	Hours of Driving:  Hours Worked: (Since last 10 hour rest period)	Work related trip
Journey Part of Work?  Hours of Sleep: (In the last 24 hours)  Hours Worked: (Since last 24 hour rest period)  Hours Since last 10 hour rest:	Yes	Hours of Driving:  Hours Worked: (Since last 10 hour rest period)	Work related trip
Journey Part of Work?  Hours of Sleep: (In the last 24 hours)  Hours Worked: (Since last 24 hour rest period)  Hours Since last 10 hour rest:  Last Rest Location:	Yes	Hours of Driving:  Hours Worked: (Since last 10 hour rest period)	Work related trip
Journey Part of Work?  Hours of Sleep: (In the last 24 hours)  Hours Worked: (Since last 24 hour rest period)  Hours Since last 10 hour rest:  Last Rest Location:	Yes	Hours of Driving:  Hours Worked: (Since last 10 hour rest period)  Last Rest Time:	Work related trip
Journey Part of Work?  Hours of Sleep: (In the last 24 hours)  Hours Worked: (Since last 24 hour rest period)  Hours Since last 10 hour rest:  Last Rest Location:  MPAIRMENT  Passive Breath Test:	Yes	Hours of Driving:  Hours Worked: (Since last 10 hour rest period)  Last Rest Time:  Breath Screening Test:	Work related trip

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### **PASSENGER DETAILS (1)**

DoB/Age:		Gender:	Male	
Address:				
Phone Number:				
Ethnicity:		Ethnicity Descrip	tion:	
Injury Scale:	None			
Restraint Used:	Yes	Supplementary [	Devices:	
Passenger Seat Location Row:	Front Row	Seat:	Left	

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### **TOWED VEHICLES (1)**

owed By:	CAS Towed Vehicle Type: Full Trailer
oad Type:	Load Description:
pad Height:	Load Secured? Yes
nderrun Protection:	WoF/CoF Expiry:

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## **Other Vehicles Involved**

There are no Other Vehicles Involved (e.g. Cycles) on this Traffic Crash Report.

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## **Pedestrians**

There are no Pedestrians on this Traffic Crash Report.

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### **Witnesses**

Address:	(Home Address)
Phone:	
Comments:	
Address:	
Phone:	
Comments:	
Address:	
Phone:	
Comments:	

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## **Environment and Road Conditions**

Speed Limit:	100	Temporary Speed Limit:	
Road Curvature:	Straight		
Road Type:	2-Way		
Total Lanes:	1	Road Feature:	None
Gradient:	Flat Road	Surface Type:	Sealed
Surface Moisture:	Dry	Surface Condition(s):	
Special Purpose Lane:		Road Markings:	Centre Line
Precipitation:	Fine	Weather:	
Barriers:	• None		
Natural Light:	Overcast	Street Light:	None
Crash Relates to Intersection?	Yes	Junction:	T Junction
Traffic Control:	Give Way		

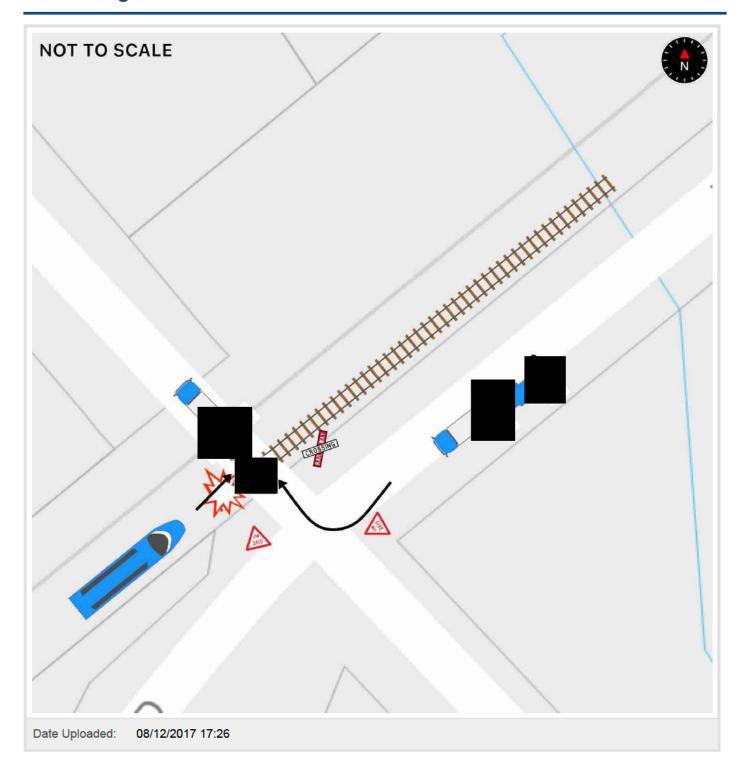
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Enforcement Datails:
Enforcement Details:

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## **Crash Diagram**



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