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| Write an accident report |
| Target core skillsThis task covers ASCFWriting and Oral communication (Listening) at Level 3. |
| Target audienceThis task has been developed for industries that employ drivers in various roles. It can easily be contextualised for specific industry areas. |
| Content coverageThis task includes a scenario that needs to be read out to the candidate – the information included in the scenario provides the detail for the candidate to complete a Driver Accident Report.  |
| Instructions to assessorAsk the candidate to:* read over the form that will need to be completed
* listen to (not read) the details of the accident and take detailed notes
* complete the Driver Accident Report using their notes.

Read the scenario slowly and clearly giving the candidate time to note the details. Repeat the scenario if requested, but don’t give a copy of the written scenario to the candidate.Encourage the candidate to ask questions to clarify details, so that the listening is an active process, rather than passive. |
| ACSF mapping |
| **Question** | **ACSF skill level indicator** | **Domain of Communication** |
| Notes | 3.05 3.06 3.08 | Workplace and employment and/or Education and training |
| Report | 3.05 3.06 |

Note: This task has been adapted from *On the road: A guide to literacy and numeracy assessment in the road transport sector*, Commonwealth of Australia, 2003.

**Write an accident report**

It is Tuesday 23rd May at 5.30 pm. You’re driving car number 634 and you’ve just turned right into Hay Street, off William Street in Perth, heading towards Parliament House. The weather is overcast and there’s a bit of drizzle around. You are accelerating to 40 km/h when a young man steps out in front of you without looking. You swerve to miss him and side swipe the car travelling in the right lane beside you. The other car does a 180o spin and the driver hits the brakes, the car snakes backwards down the street and come to a stop. After the impact, you manage to regain control of your car and pull over.

You approach the other car, which is a red Holden Commodore, registration number XAA 996. The driver and the passenger are both conscious but are in shock. You radio in to your control room, and they contact the police and ambulance. The ambulance arrives and the officer checks the two people in the Commodore. He tells you that both women (who are sisters, Jodie and Leanne McCain) have bruising across the chest and pelvic bone. Also, Leanne who was sitting in the passenger seat is suffering from whiplash and has some lacerations on her left arm from where the window shattered and fell in. You talk to the driver and take down both their details. Jodie says she owns the car but has no insurance. She gives you her address and phone number: Unit 1, 1164 Bruce Avenue, Crawley, phone 08 9486 2332. She thinks she’ll be right to drive her car away.

The man who stepped out onto the road is waiting nearby, being comforted by a friend. You go and see if he is ok. He tells you his name is Joel Trigg. He says he’s fine, he just feels very responsible for what happened. You chat for a little while to his friend, and decide to take down his details as he is ok about being a witness. His name is Minh Tran. He lives at 426 Kent Street, Cannington and his phone number is 0473 871 076.

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| **DRIVER ACCIDENT REPORT**  |
| **Driver details** |
| Driver’s Name: |  |
| Car No.: |  |
| **Details of accident** |
| Location: |  | Date: |  | Time: |  |
| Estimated speed at impact: |  |
| Weather and road condition: |  |
| Description of accident: |  |
| Damage to vehicle: |  |
| Police attended: | Yes/ No |
| Vehicle towed from the scene: | Yes/ No |
| Driver injuries: |  |
| **Other vehicle details** |
| Registration no.: |  | Make: |  | Type: |  | Colour: |  |
| Owner’s name: |  | Phone No:  |  |
| Address: |  |
| Insurance company:  |  |
| Damage: |  |
| Driver injuries: |  |
| **Damage to property (other than vehicle)** |
| Description: |  |
| **Third party injuries (passengers or pedestrians)** |
| Person 1 name: |  | Phone No: |  |
| Injury |  |
| Person 2 name: |  | Phone No: |  |
| Injury |  |
| **Independent witness** |
| Name: |  | Phone No: |  |
| Address: |  |
| **Signature:** |  | **Date:** |  |