



Mines & Minerals Act 2009

**FORM FOR REPORTING ACCIDENT UNDER A MINERAL RIGHT**

1. Name and position of person making report	
2. Licence No.	
3. Licence holder	
4. Name of person in charge at time of accident	
5. Date/time of accident	
6. Circumstances & description of accident (attach detailed report if necessary)	
7. Names of people hurt	
8. Nature of injuries	
9. Fatalities	

10. Actions taken (attach full description if necessary)

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11. Reported to Police? (Y/N) If Yes, give date

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12. Description of any damage to property (and cost estimates) May be attached.

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13. Names of any witnesses to accident? May be attached.

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14. Any witness statement? May be attached.

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15. Date entered in licence holder's accident register

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16. Date verbally reported to mining authorities

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22. Any other relevant information (may be attached)

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Signature

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18. Date of this report

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### For Official Use by Mining Cadastre Office

Date received

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Name of receiving officer

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Signature of receiving officer

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Date and Exact Time Registered

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Official registration number

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Acknowledgment of receipt issued? (Y/N) (Form D23)

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Name of registering officer

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signature of registering officer

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Date forwarded to Director, Director of Mines and Minister

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Please complete all boxes (or enter `none, N/A etc) and provide all attachments as necessary. Attachments should be numbered to correspond to this form. This application will be deemed incomplete and consequently invalid if any required information is not provided.

***Three copies of this form and of all attachments must be submitted***

The complete application should be submitted to the Mining Cadastre Office or to a Regional Office and a receipt obtained.