**Collision Investigation Form**

**Details of the Collision**



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| Date of collision / accident:  Date of accident report completion: | Time of accident: |
| Exact location of collision including junctions and post code: | |
| Driver’s Surname: | Driver’s First name: |
| Title: (Mr./Mrs./Miss/Ms.) | Date of birth: |
| Private Address:  Post code: | Business Address:  Post code: |
| Telephone No. (Home):  Telephone No. (Mobile): Email Address: | Telephone No.:  Email Address: |

*(Matty: please see MSAmlin Page 81 of Part 1 and follow the layout of this Collision Invest Form)*

**Details of our vehicle (Vehicle 1)**

(Matty : please see page 83 of MSAmlin Part 1 and copy layout for this section)

Vehicle Make and Model:

Vehicle Type:

Registration:

Colour:

Is the vehicle owned by the business or is it ‘grey fleet’ or on hire?

If ‘grey fleet’ was the driver the registered keeper?

Details of damage to our vehicle:

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**Details of Other Vehicles Involved if known** (Vehicle 2)

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| Driver’s Name: (\*Mr. / Mrs. / Miss / Ms.) | |
| Address: | |
| Telephone No.: | |
| Vehicle Registration: | Make, Model and Colour: |
| Damage: | |
| Name and address of Vehicle 2’s owner if different from the Driver: | |

**Details of Other Vehicles Involved if known** (Vehicle 3)

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| Driver’s Name: (\*Mr. / Mrs. / Miss / Ms.) | |
| Address: | |
| Telephone No.: | |
| Vehicle Registration: | Make, Model and Colour: |
| Damage: | |
| Name and address of owner of Vehicle 3 if different from the Driver: | |

**Details of passengers in third party vehicle / vehicles:**

No of passengers

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Names and addresses of passengers

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| Passenger 1:  Passenger 2:  Passenger 3:  Passenger 4: |

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| Details of Injuries to our Driver and Third Parties |

**Please state fully what happened – to be completed by company driver**

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| Use the following questions to guide your full written account of the incident:   * Where was your vehicle when you first saw the other vehicle? Where was the other vehicle at this time? * Where did you hit the vehicle or object? * Where did the vehicle or object hit your vehicle? * What was the traffic amount of traffic on the road? What was the road speed limit? * Were you feeling fatigued, stressed or under pressure prior to the incident? * Were you distracted prior to the incident? * How long was it since your last driving break? Were you late arriving at your destination? * Who in your opinion was responsible for the incident? * How could the incident have been avoided? * How familiar are you with the vehicle you were driving? Was the vehicle in good condition and roadworthy? * If your vehicle was stationary when the collision occurred, was it parked legally? |

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| **Witnesses**  **Please give names, addresses and telephone numbers. State whether witnesses are independent or passengers in one of the vehicles.** |

**Plan of Collision Area**

Please draw a sketch of the collision / incident showing positions of all vehicles, direction of travel, street names, road signs, crossings, bollards, etc. It would be helpful if you could indicate NORTH.

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**To Be Completed By Manager (Matty: please see MSAmlin Part 1 CAT page 88 for layout guidance)**

Was the incident preventable ? Yes (box tick) No (box tick)

Was our employee to blame for the accident?

Yes (box tick) No (box tick)

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| Why did the accident happen?  What would the driver do differently to prevent an incident in the same circumstances?  What other steps are required to prevent this driver having another incident? |

I declare that the information above is true. I understand that any incorrect or false statement may result in disciplinary action.

I give my consent to this statement being made available to persons who have a relevant and related interest in the alleged offence. I understand that the statement will be kept confidential and not disclosed to any person who has no interest in this incident investigation.

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| **To be signed and dated by the Manager making this report** |
| Signature....................................................................Name...............................................................  Date....................................................................... |