**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.......................................................................  |