

**Overview**

You should complete this form within a maximum of 24 hours of the crash being reported at base by the driver. First assemble the At Scene Crash Report Form along with the Driver Post Crash Report Form as well as any other evidence available such as, witness statements, vehicle data (tachograph or telematics data) and photographs and fill out the form having examined all of this.

**Crash Specifics**



**Incident Reference # (Office Use)**

**Date of crash \***

**Time of crash \***

### Section 1 - Crash Review

**Date of review \***

**Time of review \***



**Evidence \***

Obtain evidence from as many of these sources as possible. Discrepancies between these checks and the driver post-crash report form should be noted here for follow-up in the investigation

	Yes	No
Driver 'at scene' and 'post-crash' forms	<input type="radio"/>	<input type="radio"/>
Photos / video / sketch of the crash	<input type="radio"/>	<input type="radio"/>
Witness statement	<input type="radio"/>	<input type="radio"/>
Passenger statement	<input type="radio"/>	<input type="radio"/>
Vehicle defect report	<input type="radio"/>	<input type="radio"/>
Confirmed accuracy of facts	<input type="radio"/>	<input type="radio"/>
Visited the crash scene	<input type="radio"/>	<input type="radio"/>
Telematics systems	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

**Other**

No image.

Add additional pictures

No image.

Add additional pictures

No image.

### Crash Details

**Location (road name/nearest town/GPS coordinates) \***

**Police involvement \***

**Officer name/ID**

**Police station**

Crash type \*

### Driver Details

First name \*

Last name \*

Date of birth

(mm/dd/yyyy) \*

Age \*

Length of service \*

At the time of crash was the driver wearing a seatbelt \* If not, please explain why



At the time of the crash was the driver using a communication device? \*

Please explain

At the time of the crash was the driver talking to passengers? \*

Provide details

At what speed was the vehicle being driven? How was this information obtained?



Other

Is the driver license applicable for the category of vehicle driven? \*

If not, please explain why

Date for Shift \*

Time shift started \*

Time since last break \*

Time previous shift ended \*

Hours of sleep during previous days rest \*

Did the driver feel tired in any way? \*

Driver injury details \*

### Driver Assessment \*

	Yes	No
Eyesight checked	<input type="radio"/>	<input type="radio"/>
Wellbeing checked	<input type="radio"/>	<input type="radio"/>
Licence checked	<input type="radio"/>	<input type="radio"/>
Driver fit to return to work	<input type="radio"/>	<input type="radio"/>
Driver suspended pending further investigation	<input type="radio"/>	<input type="radio"/>
Driver placed on medical leave	<input type="radio"/>	<input type="radio"/>

### Vehicle Details

Vehicle registration \*

License plate \*



Type of vehicle \*

At the time of the crash was the vehicle (check all that apply) \*

	Yes	No
In service	<input type="radio"/>	<input type="radio"/>
On route to a job	<input type="radio"/>	<input type="radio"/>
Returning from a job	<input type="radio"/>	<input type="radio"/>

After the crash was the vehicle (check all that apply) \*

	Yes	No
Safe to continue	<input type="radio"/>	<input type="radio"/>
Recovered	<input type="radio"/>	<input type="radio"/>
Replaced	<input type="radio"/>	<input type="radio"/>
Attended by an engineer or mechanic	<input type="radio"/>	<input type="radio"/>

At the time of the crash was the vehicle on an approved route \*

Assessment of damage to the vehicle \*



Impact point \*

Post-Crash evaluation \*

	Yes	No
Crash Report completed	<input type="radio"/>	<input type="radio"/>
Damage estimate complete	<input type="radio"/>	<input type="radio"/>
Roadworthiness checked	<input type="radio"/>	<input type="radio"/>

If no, state why

### Section 2 - Data collection

**Driver actions at the time of crash (check all that apply)**

	Yes	No
Changing lane to left	<input type="radio"/>	<input type="radio"/>
Changing lane to right	<input type="radio"/>	<input type="radio"/>
Going ahead left-hand bend	<input type="radio"/>	<input type="radio"/>
Going ahead other	<input type="radio"/>	<input type="radio"/>
Moving off	<input type="radio"/>	<input type="radio"/>
Overtaking on nearside	<input type="radio"/>	<input type="radio"/>
Overtaking stationary vehicle on its offside	<input type="radio"/>	<input type="radio"/>
Parked	<input type="radio"/>	<input type="radio"/>
Reversing	<input type="radio"/>	<input type="radio"/>
Slowing or stopping	<input type="radio"/>	<input type="radio"/>
Turning left	<input type="radio"/>	<input type="radio"/>
Turning right	<input type="radio"/>	<input type="radio"/>
U turn	<input type="radio"/>	<input type="radio"/>
Waiting to go ahead but held up	<input type="radio"/>	<input type="radio"/>
Waiting to turn left	<input type="radio"/>	<input type="radio"/>
Waiting to turn right	<input type="radio"/>	<input type="radio"/>
Waiting to reverse	<input type="radio"/>	<input type="radio"/>
Not applicable/available	<input type="radio"/>	<input type="radio"/>

**Driver actions in relation to the junction (check all that apply)**

	Yes	No
Approaching junction or waiting at junction approach	<input type="radio"/>	<input type="radio"/>
Cleared junction or waiting parked at junction exit	<input type="radio"/>	<input type="radio"/>
Emerging from slip road	<input type="radio"/>	<input type="radio"/>
Entering main road	<input type="radio"/>	<input type="radio"/>
Leaving main road	<input type="radio"/>	<input type="radio"/>
Mid junction - on roundabout or on main road	<input type="radio"/>	<input type="radio"/>
Not at or within 50m of a junction	<input type="radio"/>	<input type="radio"/>

Not applicable/available	<input type="radio"/>	<input type="radio"/>
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Was there a 3rd party involved? \*

**Third party actions at the time of crash (check all that apply)**

	Yes	No
Moving forwards	<input type="radio"/>	<input type="radio"/>
Turning left	<input type="radio"/>	<input type="radio"/>
Turning right	<input type="radio"/>	<input type="radio"/>
Moving backwards	<input type="radio"/>	<input type="radio"/>
Crossing right to left	<input type="radio"/>	<input type="radio"/>
Crossing left to right	<input type="radio"/>	<input type="radio"/>
Stationary	<input type="radio"/>	<input type="radio"/>
Not applicable / Available	<input type="radio"/>	<input type="radio"/>

Was there a pedestrian involved? \*

What was the pedestrian doing?

Other

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Vehicle safety features at the time of crash**

Identify which safety features were fitted to your vehicle and working at the time of the crash

**Seatbelts for all passengers**

- Fitted
- Working

**Air bag (driver)**

- Fitted
- Working

**Air bag (front seat passenger)**

- Fitted
- Working

**Speed monitoring device**

- Fitted
- Working

**Mirror – Side view left**

- Fitted
- Working

**Mirror – Side view right**

- Fitted
- Working

**Mirror – Inside rear view**

- Fitted
- Working

**Audible warning system**

- Fitted
- Working

**Other**

**Vehicle safety features at the time of crash**

Identify which safety features were fitted to your vehicle and working at the time of the crash

**Helmet**

- Fitted
- Working

**Reflective jacket**

- Fitted
- Working

**Other**

**Road type \***

**Other**

**Road conditions (check all that apply)**

	Yes	No
Dry	<input type="radio"/>	<input type="radio"/>
Flood	<input type="radio"/>	<input type="radio"/>
Frost / ice	<input type="radio"/>	<input type="radio"/>

Mud on road	<input type="radio"/>	<input type="radio"/>
Oil or diesel spill	<input type="radio"/>	<input type="radio"/>
Road surface defective e.g. pothole	<input type="radio"/>	<input type="radio"/>
Snow	<input type="radio"/>	<input type="radio"/>
Wet/damp	<input type="radio"/>	<input type="radio"/>

**Junction type (check all that apply)**

	Yes	No
Automatic traffic signal	<input type="radio"/>	<input type="radio"/>
Crossroads	<input type="radio"/>	<input type="radio"/>
Entering / exiting private drive / entrance	<input type="radio"/>	<input type="radio"/>
Multiple junction	<input type="radio"/>	<input type="radio"/>
Not a junction	<input type="radio"/>	<input type="radio"/>
Pelican or puffin-controlled crossing point	<input type="radio"/>	<input type="radio"/>
Roundabout	<input type="radio"/>	<input type="radio"/>
Slip road	<input type="radio"/>	<input type="radio"/>
Staggered junction	<input type="radio"/>	<input type="radio"/>
Stop sign	<input type="radio"/>	<input type="radio"/>
T junction	<input type="radio"/>	<input type="radio"/>
Zebra crossing	<input type="radio"/>	<input type="radio"/>

**Details of signage (check all that apply)**

	Yes	No
Roundabout	<input type="radio"/>	<input type="radio"/>
Give way	<input type="radio"/>	<input type="radio"/>
Stop	<input type="radio"/>	<input type="radio"/>
Crossroads	<input type="radio"/>	<input type="radio"/>
No left turn	<input type="radio"/>	<input type="radio"/>
No right turn	<input type="radio"/>	<input type="radio"/>
T junction with priority over vehicles from the right / left	<input type="radio"/>	<input type="radio"/>



Speed bump ahead	<input type="radio"/>	<input type="radio"/>
Staggered junction	<input type="radio"/>	<input type="radio"/>
Traffic merging from left / right ahead	<input type="radio"/>	<input type="radio"/>
Zebra crossing	<input type="radio"/>	<input type="radio"/>
Traffic signals not in use	<input type="radio"/>	<input type="radio"/>
Sharp deviation of route to left	<input type="radio"/>	<input type="radio"/>
Sharp deviation of route to right	<input type="radio"/>	<input type="radio"/>
Slow down sign	<input type="radio"/>	<input type="radio"/>
Priority road	<input type="radio"/>	<input type="radio"/>
Dangerous crossing	<input type="radio"/>	<input type="radio"/>
No U turn	<input type="radio"/>	<input type="radio"/>
No entry	<input type="radio"/>	<input type="radio"/>
Manually operated stop and go signs	<input type="radio"/>	<input type="radio"/>
Sign defective	<input type="radio"/>	<input type="radio"/>
Sign obscured / not visible	<input type="radio"/>	<input type="radio"/>
Sign missing	<input type="radio"/>	<input type="radio"/>

**Additional comments (optional)**

**Manager declaration \***

I declare that all the information provided is a true and accurate record of the facts to the best of my knowledge and belief

No signature.

**Name \***

**Date**