

Collision Recording Form**Details of the vehicle being driven**

| | |
|---------------------|--|
| Registration number | |
| Vehicle make | |
| Vehicle Model | |

Details of collision

| | |
|-----------------------------------|--|
| Location of collision | |
| Date | |
| Time | |
| Speed limit (kilometres per hour) | |
| Weather conditions | |
| Road conditions | |
| Road signs | |

Garda details

| | |
|---|--|
| Was there a Garda present? | |
| When did the Garda arrive at the scene? | |
| Name of Garda present | |
| Rank/Number and Station of Garda | |
| Telephone number of Garda | |

Details of other vehicle in collision

| | |
|---|--|
| Make of vehicle | |
| Model of vehicle | |
| Registration number of vehicle | |
| Name of owner | |
| Name of driver | |
| Address of other driver | |
| Telephone number of other driver | |
| Insurance company | |
| Policy number | |
| Description of damage to other vehicle(s) | |

Details of damage to other property (if any)

| | |
|-----------------------|--|
| Type of property | |
| Owner's name | |
| Address of owner | |
| Description of damage | |

Injury details

| | |
|---------------------------|--|
| Was anyone injured? | |
| Was an ambulance called? | |
| Name of injured person | |
| Address of injured person | |
| Was a safety belt worn? | |
| Description of injury | |

Witness details (if any)

| | |
|------------------|--|
| Name of witness | |
| Address | |
| Telephone number | |

Brief description of collision

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| |
|--|

Collision sketch: Make a rough sketch of the collision scene

Photographs taken?

Driver's signature:

Date:

Follow-up (to be completed by the driver's manager/supervisor)

Has the driver the correct licence for the vehicle?

Has the driver received the correct training for the vehicle?

Was the collision caused by:

(tick correct option)

- Human error
- Mechanical failure
- Unsafe systems of work
- Road/weather conditions
- Other

Was the driver to blame in any way due to:

(tick correct option)

- Carelessness
- Dangerous driving
- Loss of concentration
- Misjudgement
- Not following safe systems of work
- Unfamiliar with the vehicle
- Other

| | |
|---|--------------|
| Was the collision avoidable? | |
| Should you notify the Health and Safety Authority of the collision? | |
| Date of notification | |
| Remedial action needed | |
| Name of person carrying out the action | |
| Date by which action should be carried out | |
| Signed: | Date: |
| Details of action completed | |
| Date action completed | |
| Comments | |
| Signed: | Date: |