

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

--

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: