

# Post Collision Investigation Form

Section 1 of this form should be used to capture information during the driver interview. Section 2 of this form should be used during the analysis and investigation process.

Incident ref (office use only)	
Date and time of incident	
Insurance claim number	

## Section 1 - Driver interview

Investigation conducted by	
Job title	
Investigation date	

## Incident details

Road name and/or no.								
Direction								
Location (nearest town, county and / or GPS co-ordinates)								
Police involvement	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Officer shoulder no.		Crime no.	
Police station								

## Driver details and history (from driver records)

Driver name									
Date of birth					Age				
Employment date			Car test pass date			HGV test pass date			
Driving licence country of issue (please tick)									
UK	<input type="checkbox"/>	If Non -UK please specify country							
Non-UK	<input type="checkbox"/>	Not applicable/available							
Is the current drivers licence type applicable for the category of vehicle driven (please tick)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	N/A	<input type="checkbox"/>			
Endorsements (please complete details of all current penalty points)									
Penalty points	<input type="checkbox"/>	Code			Date of offence				
Penalty points	<input type="checkbox"/>	Code			Date of offence				
Penalty points	<input type="checkbox"/>	Code			Date of offence				
Company driving assessment? (please tick)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Date			Outcome (pass/fail/score etc)	
Experience on vehicle type			Years			Months			
Number of collisions in last 3 years			At fault			Not at fault			

# Post Collision Investigation Form

## Medical history/eyesight

Last medical test date	<input type="text"/>	Last eye test date	<input type="text"/>
Corrective vision not required	<input type="checkbox"/>	Corrective vision required and not in use	<input type="checkbox"/>
Corrective vision required and in use	<input type="checkbox"/>	Not applicable/available	<input type="checkbox"/>

## Other relevant medical information

## Shift pattern and fatigue factors

Verify the facts as reported on the At Scene Collision Report Form and the Driver Post Collision Report Forms. Question and note any discrepancies in addition to those noted on the Manager Post Collision Report Form

Did either shift patterns, or task scheduling contribute to this collision in any way?    Y     N     NA

## Vehicle and road details

Verify the facts as reported on the At Scene Collision Report Form and the Driver Post Collision Report Forms. Question and note any discrepancies in addition to those noted on the Manager Post Collision Report Form

Did either the vehicle actions or the road environment contribute to this collision in any way?    Y     N     NA

## Third party details

Verify the facts as reported on the At Scene Collision Report Form and the Driver Post Collision Report Forms. Question and note any discrepancies in addition to those noted on the Manager Post Collision Report Form

Did the actions of a third party contribute to this collision in any way?    Y     N     NA

# Post Collision Investigation Form

## Collision statement/description

Verify the facts as reported on the At Scene Collision Report Form and the Driver Post Collision Report Forms. Question and note any discrepancies in addition to those noted on the Manager Post Collision Report Form

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## Analysis - in your opinion, who or what was at fault? (please tick)

Company driver

Third party

Other

If other, please provide further details

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## Cause - in your opinion, what caused the collision?

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## In your opinion, how could this incident have been prevented?

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## Mitigating circumstances

Consider any mitigating circumstances raised by the driver

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## Interviewer declaration

I declare that all conclusions drawn and recommendations made are true and accurate to the best of my professional opinion

Signature

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Name

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Date

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## Driver declaration

I accept that all conclusions drawn from the information provided and any recommendations made are a true and accurate record of the interview discussions taking place

Signature

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Name

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Date

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# Post Collision Investigation Form

## Section 2 - Analysis and outcomes

Collision type category		
Collision type - based on the information collected above, please categorise the collision type (tick all that apply)		
Behaviour or inexperience	<input type="checkbox"/>	Road environment contributed
Driver/rider error or reaction	<input type="checkbox"/>	Special codes *(see below)
Impairment or distraction	<input type="checkbox"/>	Vehicle defects
Injudicious actions	<input type="checkbox"/>	Vision affected by external factors
Pedestrian only (casualty or uninjured)	<input type="checkbox"/>	Not applicable/available
Collision sub-type - additionally, what sub-category would you attribute as an underlying causal factor (tick all that apply)		
Not displaying lights at night or in poor visibility	<input type="checkbox"/>	Illness or disability, mental or physical
Deposit on road (eg oil, mud, chippings)	<input type="checkbox"/>	Poor or defective road surface
Slippery road (due to weather)	<input type="checkbox"/>	Cyclist wearing dark clothing at night
Inadequate or masked signs or road markings	<input type="checkbox"/>	Driver using mobile phone
Defective traffic signals	<input type="checkbox"/>	Distraction in vehicle
Traffic calming (eg speed cushions, road humps, chicanes)	<input type="checkbox"/>	Distraction outside vehicle
Temporary road layout (eg contraflow)	<input type="checkbox"/>	Aggressive driving
Road layout (eg bend, hill, narrow carriageway)	<input type="checkbox"/>	Careless, reckless or in a hurry
Driving too slow for conditions, or slow vehicle (eg tractor)	<input type="checkbox"/>	Nervous, uncertain or panic
Tyres illegal, defective or under-inflated	<input type="checkbox"/>	Animal or object in carriageway
Defective lights or indicators	<input type="checkbox"/>	Learner or inexperienced driver/rider
Defective brakes	<input type="checkbox"/>	Inexperience of driving on the left
Defective steering or suspension	<input type="checkbox"/>	Unfamiliar with model of vehicle
Defective or missing mirrors	<input type="checkbox"/>	Stationary or parked vehicle(s)
Overloaded or poorly loaded vehicle or trailer	<input type="checkbox"/>	Vegetation
Road layout (eg bend, winding road, hill crest)	<input type="checkbox"/>	Disobeyed automatic traffic signal
Disobeyed 'Give Way' or 'Stop' sign or markings	<input type="checkbox"/>	Buildings, road signs, street furniture
Disobeyed double white lines	<input type="checkbox"/>	Dazzling headlights
Disobeyed pedestrian crossing facility	<input type="checkbox"/>	Dazzling sun
Illegal turn or direction of travel	<input type="checkbox"/>	Rain, sleet, snow or fog
Exceeding speed limit	<input type="checkbox"/>	Spray from other vehicles
Travelling too fast for conditions	<input type="checkbox"/>	Visor or windscreen dirty or scratched
Crossing road masked by stationary or parked vehicle	<input type="checkbox"/>	Vehicle blind spot
Vehicle travelling along pavement	<input type="checkbox"/>	Following too close
Cyclist entering road from pavement	<input type="checkbox"/>	Failed to look properly
Wrong use of pedestrian crossing facility	<input type="checkbox"/>	Failed to judge vehicle's path or speed
Dangerous action in carriageway (eg playing)	<input type="checkbox"/>	Junction overshoot
Poor turn or manoeuvre	<input type="checkbox"/>	Junction restart (moving off at junction)
Failed to signal or misleading signal	<input type="checkbox"/>	Impaired by alcohol
Failed to look properly	<input type="checkbox"/>	Impaired by drugs (illicit or medicinal)
Failed to judge other person's path or speed	<input type="checkbox"/>	Careless, reckless or in a hurry
Passing too close to cyclist, horse rider or pedestrian	<input type="checkbox"/>	Pedestrian wearing dark clothing at night
Sudden braking	<input type="checkbox"/>	Disability or illness, mental or physical
Swerved	<input type="checkbox"/>	Stolen vehicle *
Loss of control	<input type="checkbox"/>	Vehicle in course of crime *
Impaired by alcohol	<input type="checkbox"/>	Emergency vehicle on a call *
Impaired by drugs (illicit or medicinal)	<input type="checkbox"/>	Vehicle door opened or closed negligently *
Fatigue	<input type="checkbox"/>	Not applicable/available
Uncorrected, defective eyesight	<input type="checkbox"/>	

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# Post Collision Investigation Form

## Investigation outcomes

Remedial action - actions undertaken as a result of the outcome of the investigation (tick all that apply)

Communication network introduced throughout company to ensure safety messages / updates are delivered to all staff	
Company induction course amended with specific learnings included	
Company transport policy and procedures reviewed and necessary changes made	
Consideration/order of new vehicle/equipment to address any issues identified	
Driver dismissed	
Driver permanently removed from working on that contract by the customer	
Driver permanently removed from working on that contract by the employer	
Driver referred for medical/vision checks	
Driver referred to further training	
Driver relieved from driving by company for a specified period	
Driver suspended from driving by Traffic Commissioner for a specified period	
Driver temporarily removed from working on that contract by the customer	
Driver temporarily removed from working on that contract by the employer	
Driving assessment conducted	
Fleet reviewed/safety amendments retrofitted	
Health and safety policy/risk assessments/safe systems of work reviewed and amended with learnings	
Independent transport audit commissioned	
Introduction of driver compliance checks	
Introduction of employee suggestion scheme to involve drivers	
Introduction of fleet compliance checks	
Introduction of manager compliance checks	
Introduction of training compliance checks	
Operator Licence revoked by Traffic Commissioner	
Review carried out of performance related pay scheme to include WRRR issues	
Safety group formed to look at issues raised and outcomes incorporated	
Toolbox talk addressing specific issue delivered to staff	
Not applicable/available	

Regulatory action (tick all that apply)

Driver arrested		No offences disclosed	
Driver/operator reported to Traffic Commissioner		Offence reported for summons	
Fixed Penalty Notice (FPN) issued		PG9 issued	
Formal warning		Vehicle immobilised	
Graduated Fixed Penalty (GFPN) issued to driver		Words of advice given	
No further action		Not applicable/available	

Regulatory outcome (tick all that apply)

Absolute discharge		Driving licence revoked	
Any referral to Highways Authorities etc		Found not guilty	
Company fined		Not applicable/available	
Conditional discharge		Driver suspended by Traffic Commissioner	
Coroners findings		Ordered to re take driving test	
Disqualified from driving		Prison sentence	
Driver fined		Suspended sentence	
Driver outcomes in more serious cases		Not applicable/available	
Operator Licence suspended or removed by Traffic Commissioner			