

Manager Post Collision Report Form

You should complete this form within a maximum of 24 hours of the collision being reported at base by the driver. First assemble the At Scene Collision Report Form along with the Driver Post Collision 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.

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

Section 1 - Collision review

Review details

Date of review		Time of review	
Review completed within timescales?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
If no, please give reasons why not			

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

Driver 'at scene' and 'post collision' forms	Y <input type="checkbox"/>	N <input type="checkbox"/>	Photos / sketch of collision scene	Y <input type="checkbox"/>	N <input type="checkbox"/>
Witness statement	Y <input type="checkbox"/>	N <input type="checkbox"/>	Confirmed accuracy of facts	Y <input type="checkbox"/>	N <input type="checkbox"/>
CCTV	Y <input type="checkbox"/>	N <input type="checkbox"/>	Visited the scene	Y <input type="checkbox"/>	N <input type="checkbox"/>
Vehicle defect report	Y <input type="checkbox"/>	N <input type="checkbox"/>	Telematics systems	Y <input type="checkbox"/>	N <input type="checkbox"/>
Tachograph records	Y <input type="checkbox"/>	N <input type="checkbox"/>			

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					

Incident type (please tick)

Damage and personal Injury	<input type="checkbox"/>	Near miss	<input type="checkbox"/>
Damage only	<input type="checkbox"/>	Personal injury only	<input type="checkbox"/>

Driver Details

Name		Date of birth		Age	
Length of service					
At the time of collision was the driver wearing a seatbelt? (please tick)					
Yes - worn	<input type="checkbox"/>	No - exempt	<input type="checkbox"/>	No - not exempt	<input type="checkbox"/>
Is the current drivers licence type applicable for the category of vehicle driver? (please tick)			Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Time shift commenced		Time since last break			
Time previous shift finished		Hours sleep during previous days rest			
Did driver feel tired in any way	Y <input type="checkbox"/>	N <input type="checkbox"/>			

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Driver injury details (please tick)			
Fatal	<input type="checkbox"/>	Slight	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	None	<input type="checkbox"/>
Serious	<input type="checkbox"/>		

Driver fitness assessment	Y	N	If no, please state why
Eyesight checked	<input type="checkbox"/>	<input type="checkbox"/>	
Wellbeing checked	<input type="checkbox"/>	<input type="checkbox"/>	
Licence checked	<input type="checkbox"/>	<input type="checkbox"/>	
Interview completed	<input type="checkbox"/>	<input type="checkbox"/>	
Driver fit to return to work	<input type="checkbox"/>	<input type="checkbox"/>	
Driver suspended pending further investigation	<input type="checkbox"/>	<input type="checkbox"/>	
Driver placed on medical leave	<input type="checkbox"/>	<input type="checkbox"/>	

Vehicle details

Vehicle registration	<input type="text"/>	Fleet number	<input type="text"/>
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At the time of the incident was the vehicle (tick all that apply)			
In service	<input type="checkbox"/>	<input type="checkbox"/>	On time
On route to a job	<input type="checkbox"/>	<input type="checkbox"/>	Returning from a job
After the incident was the vehicle (tick all that apply)			
Safe to continue	<input type="checkbox"/>	<input type="checkbox"/>	Recovered
Replaced	<input type="checkbox"/>	<input type="checkbox"/>	Attended by an engineer

At the time of the incident was the vehicle on an approved route (please tick)			
On a prescribed route	<input type="checkbox"/>	Prescribed route not provided	<input type="checkbox"/>
Deviated from prescribed route	<input type="checkbox"/>	Not applicable/available	<input type="checkbox"/>

Assessment of damage to vehicle (please tick)			
Major	<input type="checkbox"/>	No damage recorded	<input type="checkbox"/>
Minor	<input type="checkbox"/>	Not applicable/available	<input type="checkbox"/>
Impact point (please tick)			
Front	<input type="checkbox"/>	Offside	<input type="checkbox"/>
Nearside	<input type="checkbox"/>	Rear	<input type="checkbox"/>
Not applicable/available	<input type="checkbox"/>		<input type="checkbox"/>

Post collision evaluation (please tick)			
Collision report completed	<input type="checkbox"/>	<input type="checkbox"/>	If not, state why
Damage estimate complete	<input type="checkbox"/>	<input type="checkbox"/>	
Roadworthiness inspected	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 2 - Data collection

Driver actions at the time of collision (tick all that apply)

Driver actions at the time...	In relation to the junction...
Changing lane to left	Approaching junction or waiting at junction approach
Changing lane to right	Cleared junction or waiting/parked at junction exit
Going ahead left hand bend	Emerging from slip road
Going ahead other	Entering main road
Moving off	Leaving main road
Overtaking on nearside	Mid junction - on roundabout or on main road
Overtaking stationary vehicle on its offside	Not at or within 50m of a junction
Parked	Not applicable/available
Reversing	
Slowing or stopping	
Turning left	
Turning right	
U turn	
Waiting to go ahead but held up	
Waiting to turn left	
Waiting to turn right	
Waiting to reverse	
Not applicable/available	

Third party actions at the time of collision (tick all that apply)

Moving forwards	Crossing left to right
Moving backwards	Crossing right to left
Turning left	Stationary
Turning right	Not applicable/available

Safety features fitted to the vehicle (tick all that apply)

Identify which safety features were fitted (F) to your vehicle and working (W) at the time of the collision							
Camera - back	F		W		Fresnel lens	F	W
Camera - front	F		W		Cycle safety stickers	F	W
Camera - nearside	F		W		Audible warning system	F	W
Camera - offside	F		W		Side guard - nearside	F	W
Mirror - Class IV wide angle	F		W		Side guard - offside	F	W
Mirror - Class V close proximity kerb	F		W		Not applicable/available	F	W
Sensors - back	F		W		Sensors - nearside	F	W
Sensors - front	F		W		Sensors - offside	F	W

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Road details

Road type: e.g. motorway, dual carriageway, one way street		
Road conditions (tick all that apply)		
Dry	<input type="checkbox"/>	Mud on road
Flood	<input type="checkbox"/>	Oil or diesel spill
Frost/ice	<input type="checkbox"/>	Road surface defective e.g. pothole
Snow	<input type="checkbox"/>	Not applicable/available
Wet/damp	<input type="checkbox"/>	
Road Features (tick all that apply)		
Advanced Stop Line (ASL)	<input type="checkbox"/>	Pedestrian refuge island
Bus lane	<input type="checkbox"/>	Pedestrian guard railing
Contraflow cycle lane	<input type="checkbox"/>	Zigzag hazard lines
Cycle lane including Cycle Super Highway	<input type="checkbox"/>	Not applicable/available
Trixi mirror	<input type="checkbox"/>	

Junction type (tick all that apply)		
Automatic traffic signal	<input type="checkbox"/>	Roundabout
Automatic traffic signal with Advanced Stop Line (ASL)	<input type="checkbox"/>	Slip road
Crossroads	<input type="checkbox"/>	Staggered junction
Entering/exiting private drive/entrance	<input type="checkbox"/>	Stop sign
Mini roundabout	<input type="checkbox"/>	T junction
Multiple junction	<input type="checkbox"/>	Zebra crossing
Not at a junction	<input type="checkbox"/>	Not applicable/available
Pelican or puffin controlled crossing point	<input type="checkbox"/>	

Details of signage (tick all that apply)					
Roundabout	<input type="checkbox"/>	Staggered junction	<input type="checkbox"/>	No right turn	<input type="checkbox"/>
Mini roundabout	<input type="checkbox"/>	Traffic merging from left ahead	<input type="checkbox"/>	No U turn	<input type="checkbox"/>
Traffic signals	<input type="checkbox"/>	Zebra crossing	<input type="checkbox"/>	No entry	<input type="checkbox"/>
Give way	<input type="checkbox"/>	Manually operated stop and go signs	<input type="checkbox"/>	Sign defective	<input type="checkbox"/>
Stop	<input type="checkbox"/>	Traffic signals not in use	<input type="checkbox"/>	Sign obscured	<input type="checkbox"/>
Crossroads	<input type="checkbox"/>	Sharp deviation of route to left	<input type="checkbox"/>	Sign missing	<input type="checkbox"/>
No left turn	<input type="checkbox"/>	Sharp deviation of route to right	<input type="checkbox"/>	Not applicable/available	<input type="checkbox"/>
T junction with priority over vehicles from the right	<input type="checkbox"/>				

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	
Comments	
Signature	
Name	Date